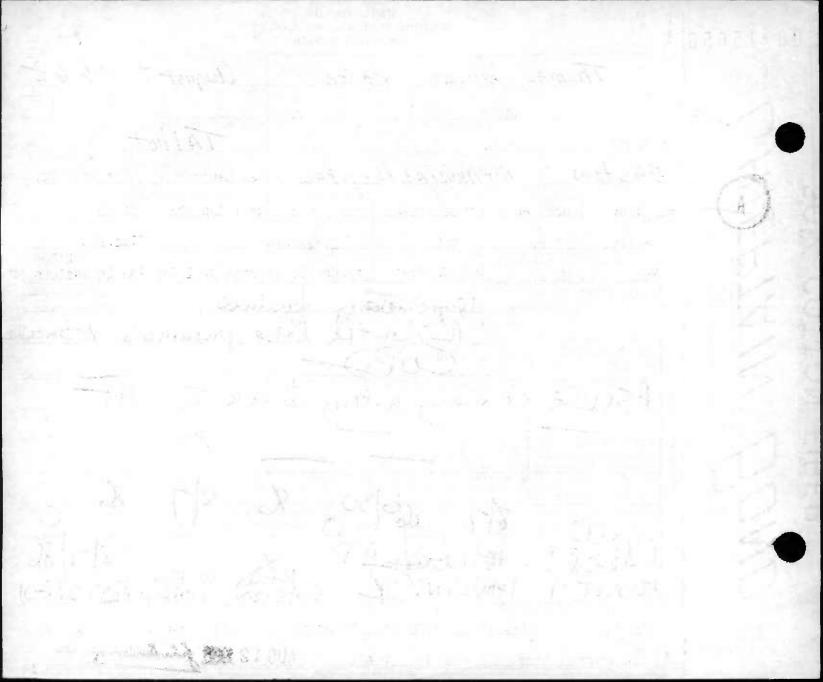
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	3	1	9	5
 No.	-		•	

1-	FOR STATE REGISTRAR			DEPAR		HEALTH AND M			2 REG. NO.	3 4	9	5
	CEASED NAME OR PRINT	erst om As		ferson_	Ŀ	Baker	12	DATE OF DE		7 A	786 2b	6 AM
1 SE	11.6	4. R	ACE		5. DATE (YEAR	AGE (IN YEAR)	(AST BIRTHDAY)	IF UNDER		UNDER 24 HRS
	RTHPLACE (STATE OFFO	atomac 7h	White	VHAT COUNTR	10	31	99	. BALTIMORE	CITY OF COLL		TH	
1	rkansas			AUNI COOIAIK	MARRIE	D X NEVER MA	ARRIED	BALTIMORE	0/6	4		445
	ITY OR TOWN OF DEAT			OSPITAL, NUR	SING HOME		UTION II	Te. USUAL OCC		12b. K	IND OF B	MD. SUSINESS OR
1	EASTON	1/	me	mori	AL 4	2501 tA	/	Gen Man	ager .			r Co.
13a. S	AL RESIDENCE (IF NURSIN	G HOME OF GITH	ER POTITITION O	THE CITY OR TO	OFE ADMISSION) DWN	INSIDE CIT	V LIMITS? III	a STREET ADD		ODE		
		Queen	Anne	Queens	town_				x 103	2165	8	
14 FA	ATHER'S NAME FIRST	MIDE	DLE	LAST		15. MOTHER'S	MAIDEN NAME RST		IDDLE		LAST	
160 V	Martin WAS DECEASED EVER IN	R.	FORCES?	Bake 16b. SOCIAL SE		F]i	zabeth		ADDRESS	Wilker		01.650
	YES, NO OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	577-07-				nnant D		102 0		21658 stown MD
	Yes CAUSE OF DEATH	WW I				Inayillonu	u. iai	Tailt K	t I bux			TE INTERVAL SET AND DEATH
	PART I. DEATH WA	S CAUSED B		1000	corole	7/100	tail	Duis		86	MEEN ON?	ET AND DEATH
	,	MMEDIATEC	DUE TO, OR	15 1600	welice of	7	Di					2 11
	Conditions, if ony,	which ((b)	AS ALCOHOLE	J'Can	-CPR	lob	2 pn	eum	ania	2	3 week
	gove rise to imme couse (a), stating		DUE TO, OR	AS-A CONNEC	DURNCE OF		_			- 1		
	underlying couse	lost.	(e)	(UK	1						
z	PAM 2 OTHER SIGN	ANTEON	DITIONS CO	NTRIBUTING 1	O DEATH BUT	NOT RELATED T	O THE TERMIN		CONDITION	SIVEY	AT LOS	
5	19s. DATE OF OPERATE		UB CONDU	nau	a a	IN WAS PERFOR	arre	120x AUTOPS	7 /1266 15	YES, WERE I	INDING	LUSED
CERTIFICATION	THE DATE OF COLUMN	-	INC. CONSTI	JOINTON WITH	J. Ortanio	AS A	446.53	ves FT au	INCE	RTIFYING CA	NUSES OF	DEATH?
ERT	21s. ACCIDENT WAS UNDE	RITING []	21s. TIME OF			21c HOW INJ	JRY OCCURRE	D (INTERNATION	CF INJUST IN ITEM	to the same of the		40 D
	OR CONTRIBUTING CA		HOUR A.A		DAY YEAR	1 —						
MEDICAL	714 INJURY OCCURRE		21s. PLACE C	The second secon		ZII. LOCATION		10	to Actorio	100	er.	1000
2	AT WORLD AT WORLD		4	EL PACICION DESIG	6	20	1		217	X		
	22s.1 certify that (1) (1	this hospital)	attention to	Opcoored from	40	20	19_0	2 10	11	19	tho	
	saw the deliver of a	d (did not) vi	ew the way	other death.	00	d that in (my)	iur) opinion de	oth occurred o	n thit date and	medical acquisition		
	A SAMPLE	PT	12	b /).	AT AT	TENDING /	MEDICAL	STAFF	226	DATE SIC	SNED C
	CANA	10	CHE	who	JAN /	PI		DIRECTOR	PHYSICIAN [1	5 .	100
	ALB SUCT	ME (TYPE OR PRI	DAU	JKIN	5 JK	22e ADDRESS	- ACT	ity:	3 150	(12)	0.	1601
	BURIAL, CREMATION, R	EMOVAL 2	3b. DATE	23	R. NAME OF C	EMETERY OR CE	EMATORY	23d. LOGATIC		1		
	Burial		8/11/8	36	Nationa	al Memor	ial Pk	Falls	S Churc	h Fai	rfax	STATE VA
	UNERAL DIRECTOR			ADDRES			25a. DATE	REC'D. BY REG	STRARESSE REC	GISTRAR'S SI	GNATUR	E AREA
LN	ewnam Funer	al Hon	ne E	aston		1601	AUG	12 98	guar	Devidoor-	Specimen	

DHMH - 16 60M 7/E (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

of director, page 3

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	MEGIOTRAR						K	EG. NO.				
	CEASED NAME FIRST		MIDDLE		LAST		2a. DATE OF DEA			YEAR	26 HO	UR CO
	Verno	l	н.	B	Jack			8	23	86	1 4	PM
3. SE		4 RACE		5. DATE C			6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNI	DER I YEAR	IF UNDE	R 24 HRS
	female	whi	te	3	10	38	48	,	'RS.	DATS	HOURS	MIN.
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	S		9 BALTIMORE			EATH		
Pe	ennsylvania	US	Α	WIDOWE	D X NEVER	WORCED	Talk	ot C	CUN	Vt		MD
_	ITY OR TOWN OF DEATH		HOSPITAL, NURSI	NG HOME C			12a USUAL OCC	UPATION		KINDO	F BUSIN	
	Easton /	(IF NOT IN SUC	H FACILITY, GIVE STREE	MOR MOR	IAL	-	(TYPE OF WORK FOR			lealt	h C	are
UsU	AL RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFOR	RE ADMISSION)						icuit		11 C
	aryland Ca	roline	Goldsb		YES T	NO X	Rt. 1	Box			2163	26
-	ATHER'S NAME	ii Oiliic	Coldab	010		S MAIDEN NAM		DUX	212		2100	70
1	Sanuel	WIDDLE	Hendri	cks	V	erna	AAII	DDLE		Frye		
16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SEC		17. INFORMA			ADDRESS		117		
	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	169-30-			Robert	Black	C.	oldsbo	aro.	MD	
					1411 •	Kobert	Diack	G	יומפטונ			FPVAI
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per D BY:	Restortal, (b), a	nd IC	Cons	CER				BETWEEN 3	ONSET AN	
	IMMEDIAT	E CAUSE (a)	ISIN CA	3 1	-/4W	C82				1 3		0
		DUE TO, O	R AS A CONSEQU	JENCE OF								
	Conditions, if any, which gave rise to immediate	(b)										
	cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQU	JENCE OF								
		((c)										
z	PART 2 OTHER SIGNIFICANT C	CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OF	CONDITION	4 GIVEN IN	PART 1	0	
CERTIFICATION	19a DATE OF OPERATION	TIDE COND	TION FOR WHICH	U OBERATIO	NI WAS DEDS	DAAED	126- ALITORSY	2 1266	IE VES WE	DE EINIDIE	NCS LISE	
FICA	TYO DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED			DKMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA			OF DEA	TH?	
RTI	210 ACCIDENT WAS UNDERLYING	21b. TIME O	F IN I II IDV		Tal- HOW IN	LHIBY OCCUPA	YES NO		YES		NO [
	OR CONTRIBUTING CAUSE OF DEA			DAY YEAR	ZIC. HOW IN	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 C	ORPART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER			19		0.4.1						
MED	214 INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATI		CIT	YORTOWN	C	OUNTY		STATE
	AT WORK AT WORK											
	22a I certify that (I) (this hospi	F 73		-	ULY	19	, to	43	19.6	-	that with	
	saw the deceased alive an above, (1) (we) (did) (did na					(our) opinion a	death accurred an	the date an				
	22b. SIGNATURE	1-10	0	0	DEGREE	ATTENDING	MEDICAL	STAFF	1	22c. DATE		
10	colej.	May O	cany	x	28	PHYSICIAN A	DIRECTOR			8-1	25	22
	228. PHYSICIAN'S NAME TYPE O		//		22e ADDRES		`					
	Stephen P. C	Carney,	M.D.	5.0	Eas	ton, Md	1. 21601					
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR	CREMATORY	23d LOCATIO		COU	n.lfv		STATE
bu	irial	8-27-	86	Greens	sboro (Cemeter		nsbor		CA		MD
24 F	UNERAL DIRECTOR Boulais	Funera	Home.	Greens	horo.	Md 250 DATE		STRAR 256 RI		SIGNAT		
	NAME DOGTGTS	Luncia.	L LLONIANDRESS	O L CCIIIO	,	商山門	02 1995	Tulin.	David	3	Par	7

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and comshool be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

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north tions the minutes

07	FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL INER'S CERTIFICATE	34 _ 45	3 4 9 7
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN OF ESTI-	MONITH DAY YEAR TO HOUR
3. SE	mauri	ce JR			3°7 × 1986 3°7
3. SE	X 4. RACE			R 24 HRS. 2c. DATE PRONOUNCED	MONTH DAY YEAR 2d HOUR
1	male Black		.788	DEAD	8 4 1986 3°8
7a. 6	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	RIED 🔼	OR COUNTY OF DEATH
10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HE (IF NOT IN SUCH FACILITY, GIVE STREET ADDR	OME, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYLEFOR MOST OF WORKING LIFE)	
1	Easton	memorial	200)	POR MOST OF WORKING (IPE)	-mmmmm
130.	STATE No. 2001	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD. NTY 13c. CITY OR TOW Ridgey		1 P.O. Box 511	D Ridgely MD
T	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
160.	WAS DECEASED EVER IN U.S. AI	TR Bolde		ADDRES	
1	YES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			
	Conditions, if ony, which gave rise to immediate cause (a) stating the under lying cause lost.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	CE OF	westy	- BETWEEN ONSET AND DEATH
IFICATION	PART 2 OTHER SIGNIFICANT CONDITION	S <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN I	PART 1 (a.	
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED?		20. AUTOPSY?
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y DEATH P.M. 19	EAR	RED (ENTER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	e, 21f. LOCATION street	CITY OR TOWN	COUNTY STATE
	22a. I certify that I taak chai	ge of the remoins described above, held of urol couses Accident ,	Suicide , Inspection Suicide , Homicide , TITLE (SPECIFY)	Inquiry , a Undetermined manner ,	nd in my opinion , DATE SIGNED
230.1	EXAMINER'S NAME TU	Drith GIESKE	ADDRESS		
	SURIAL, CREMATION, REMOVAL (SPECIFY) 8/4/86	236. DATE 236. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
24. 1	UNERAL DIRECTOR	ADDRESS	250. DATE	E REC'D. BY REGISTRAR 256. REG	SISTRAR'S SIGNATURE

STATE OF MARYLAN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

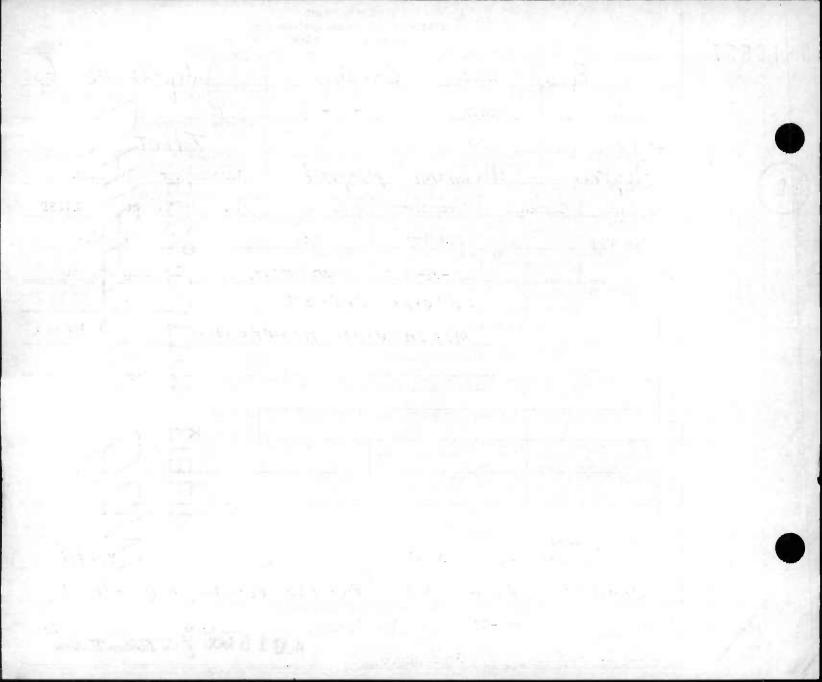
REG. NO.	3	7	9	3
REG. NO.			-	-

	FOR STATE REGISTRAR	3 9 9 8						
	1. DECEASED NAME FIRST EVAL	Edith	Bro	dley	REG. NO.	28-1986 26. HOUR		
	3. SEX 4	RACE	5. DATE OF	BIRTH YEAR	AGE (IN YEAR LAST BRITISIAN)	MONTHS DAYS HOURS MIN.		
	/ female	white	10	- 3 - 09	76 Y			
~	COUNTRY)	. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED	NEVER MARRIED X	9. BALTIMORE CITY OR COU	NTY OF DEATH		
	Maryland O CITY OR TOWN OF DEATH	USA 1. NAME OF HOSPITAL, NURS	WIDOWED	DIVORCED	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR		
	USUAL RESIDENCE (IF NURSING HOME OR OI	(IF NOT ASCH FACILITY, GIVE STRE	C ADDRESS)	ospital	(TYPE OF WORK FOR MOST OF WORKII homemaker.			
1	Maryland Caro	Y 13c. CITY OR TO	boro	YES 💢 NO 🗌	13e STREET ADDRESS / ZIP C			
1	FATHER'S NAME FIRST ME George	Brad!		S. MOTHER'S MAIDEN NAM	MIDDLE	Fleming		
7	160. WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SE	CURITY NO. 1	7. INFORMANT	ADDRESS			
-	no	220-03-	-6209	Bette Brad	ley Gree	ensboro, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost Conditions, if ony, which gove rise to immediate couse (c), stating the underlying couse lost Conditions, if ony, which gove rise to immediate couse (b) DUE TO, OR AS A CONSEQUENCE OF							
7	199. DATE OF OPERATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH C			20a AUTOPSY? 20b. II	YES, WERE FINDINGS USED RITIFYING CAUSES OF DEATH? YES NO		
7	OR COLUMNIA CALLER OF CALLE	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA	A 18 PART 1 OR PART 2)		
	OR COMINIBILITIES CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		III. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	220.1 certify that (1) (this haspito saw the deceased alive on above, (1) (we) (did) (did not)	19		that in (my) (our) apinion d	, to, to	, 19, that (I) (we) lost hour and from the causes stated		
	22b. SIGNATURE J Zon	in M	Ω.	GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 8/6/86		
	JAMES E.		1.0.	BOX 660	DENTON, M	1 21629		
	230. BURIAL, CREMATION, REMOVAL burial			AETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN Barclay	QA MD		
	24 FUNERAL DIRECTOR John E. Boulais	ADDRESS		A TOPATE	RECS. SUBSTRAY 25 RE	CITE R'S SICE ATURE		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: # Hem 21 is marked or Hem 18 spews ony injury, or other traumotic event, fine



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	y be	ge 3			(1

filled in by the funeral director, prograd be filed within 72 hours after

24 hours after

within

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BP.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGISNE CERTIFICATE OF DEATH

1	-2	4	7
En-	0	*	

2	3	4	J	1

		REGISTRAR			TALL OF PEACE	REG. NO	D.		
		CEASED NAME FIRST	WIDDIE	LA	ST *	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	3. SEX	Carles	RACE M	Transfer S	32/68	6 AGE (IN YEARS LAST BIR	8 21	. 86 INDER 1 YEAR	1125 M
En.	3. SE	Fernal	b16	5. DATE O		AGE (INTEARSTAST BIR	MON		HOURS MIN.
-1		RTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	? 8.	4 11	9 BALTIMORE CITY O	YRS.	DEATH	
4	(COUNTRY) Pa	MSA	WIDOWE	NEVER MARRIED DIVORCED	Talk	0+		MD.
-	10 CI	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSII		R OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND OF	F BUSINESS OR
-	E	AL RESIDENCE HE NURSING HOME OR OT		0139	35	Domes	fici		
	13a. S	STATE 13b COUNTY	Y / / 13c. CITY OR TOV	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	219	201
	14. F.A	ATHER'S NAME		n	YES NO STANDER NAME NAME NAME NAME NAME NAME NAME NAME	ME S	15 0x	<u>.S. &.</u>	S
0	1	462man	RUSSE	11	m. Ndis	WIDDLE	0.1	125F	>
-		VAS DECEASED EVER IN U.S. ARME	ED FORCES? 16b SOCIAL SECTION OF DATES	URITY NO.	17 INFORMANT	ADDRE	SS		
		Na -	- 220.54	-7649	Louise		Bric	ष	
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	BY:)	Lini			BETWEEN	MATE INTERVAL DNSET AND DEATH
		IMMEDIATE	CAUSE (a)	onli	1 1	77 .1	/ .		
		Canditions, if any, which	DUE TO, OR AS A CONSEQU	IENCE OF	humavace	Lanther!	kn		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENICE OF	7000070				
		underlying cause last.	(c)	IEINCE OF					200
i	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1ra	
-	ATIO	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED
7	CERTIFICATION					YES NO YES YES			
		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
7	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	P.M.	19					
-	MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	8	220.1 certify that (I) (this haspital	1) associated the decree of the		102/ 10 74	1932	19		1
	- 1	saw the deceased alive on	and 2/19	36	d that in (my) (aur) apinion	death occurred an the do			that (1) (we) last couses stated
		abave, (I) (we) (did) (did nat) v 22b. SIGNATURE	view the bady after death.	D	DEGREE			22c. DATE S	SIGNED
		(Cabo	The second	N	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	F IAN []	8-28	9/6
		22d PHYSICIAN'S NAME ITYPE OR PI			22e ADDRESS	reroe Dr	Ba not	(20)	
	22 5				3		15001	7.0	
		BURIAL, CREMATION, PEMOVAL	23b. DATE 23c.	NAME OF CE	METERY OR CREMATORY	23d LOCATION	e	OUNTY	STATE
	24. FU	UNERAL DIRECTOR	1	7~10	25a. DAT	E REC'D. BY REGISTRAR			URE
	1	Tearso HW	ashull ADDRESS	rator :	md S	EP 15 1986	11	mesty handy	The same
		V .							

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

If them 21 is marked or them 18 shaws any injury, ar ather traumatic event, the

Table 1 Table 1 Table 1 Table 1 Table 1

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00-81810	1.	FOR STATE REGISTRAR			DEPART		EALTH AND			2 4 REG. NO.	U	U U	
nay be page 3 rdeath			FIRST		E.	Is DATE O	AST DE BIRTH	J	20. DATE OF DE	ATH MONTH	22	VEAR 86	26 HOUR 533 5 P N
4 m	2	Male		Cau.		MONTH 6		04	82		MONTH		HOURS MIN.
	70 B	RTHPLACE (STATE OR F COUNTRY) Pa.	OREIGN 7b.	U.S.	WHAT COUNTRY	MARRIE WIDOWE	D NEVER	MARRIED [9 BALTIMORE	albot		HTABO	√ MC
201 the the the the the the the the the the	1	Easton	1	(IF NOT IN SUC	HOSPITAL, NURSI CHEACILITY, GIVE STREE HON M	TADDRESS)	OR OTHER INS	NOITUTIT	120 USUAL OCC (TYPE OF WORK FO Superv	MOST OF WORK	1		BUSINESS OR ildlife
S THE STATE OF THE	13a S	AL RESIDENCE (IF NURSI STATE Iryland	Carol	(134 CITY OR TON	WN	13d INSIDE (NO [102 AC	RESS / ZIP (_	1639
1 130	LE	THER'S NAME FIRST	knowr	DOLE	LAST		15. MOTHER	S MAIDEN N		IDDLE		LAST	
ORE,	1	VAS DECEASED EVER	(IF YES GIVE W		16b. SOCIAL SEC		17 INFORM		alal Camel	ADDRESS	Dan	ton	Mal
4 81 6	nc	18 CAUSE OF DEATI	4.5-4		200-10-3		рерг.	01 500	cial Serv	ces	Den	ton,	NATE INTERVAL
hot the death ce by the attending air remove corbin a, cremotion, or n other trouments		Conditions, if any, gove rise to imm cause (a), statin underlying cause	nediate g the	DUE TO, O	RAS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	JENCE OF	bstru	tive	Long	Disek	se	41	
DS, 20 pures 1 pures 1 purp ed purp, or	Z	PART 2 OTHER SIGN	JECANT CO	NDITIONS CO	ONTRIBUTING TO			TO THE TER	MINAL DISEASE O	RCONDITION	GIVEN IN	PART IIa	
AL RECOR	CERTIFICATION	19a DATE OF OPERAT		-0 -	OITION FOR WHICH	H OPERATIO	N WAS PERFO	ORMED	200 AUTOPS			RE FINDING CAUSES O	GS USED OF DEATH?
OF VIIT OF VIIT OF VIIT OF VIIT OF STANDARD STAN	4	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH		OF INJURY .M. MONTH C	DAY YEAR	21c HOW IN	NJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITE	A 18 PART 1 C	OR PART 2)	
DIVISION OF NG PHISEL Offer th os the month th and Mental	MEDIC	21d INJURY OCCURR	ILE 🗍		OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	211 LOCATI STREE		C	TY OR TOWN		OUNTY	STATE
TTENDIN pitol or TOR: Af for use of for use of Medition		220.1 certify that (1) sow the decease above, (1) (we) (d	d alive an		19_		nd that in (my	, 19) (our) opiniai	, to	n the date and	, 19_ I hour and		hot (I) (we) last auses stated
TAL OR A A the hosp the hosp that DIREC detached to be the detached to the them.		226 SIGNATURE	ZN	View the boday	Moo		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN [8/2	1 / 86
HOSPIT ind by FUNER old be ould be on the Str		J. COR		RINT)	up.		22e ADDRE	SOX 6	60 0	ENTO	NA	40	21629

23b. DATE

8-23-86

STATE OF MARYLAND

GIVEN IN PART 110 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES] IS PART 1 OR PART 2) COUNTY STATE ______, 19_______, that (I) (we) last hour and Iram the causes stated 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Delmarva Crematory STATE Lewes Sussex Del Greensboro, Md. 21639

23a. BURIAL, CREMATION, REMOVAL

John E. Boulais

Cremation

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	4	U	U	
Gos		440		

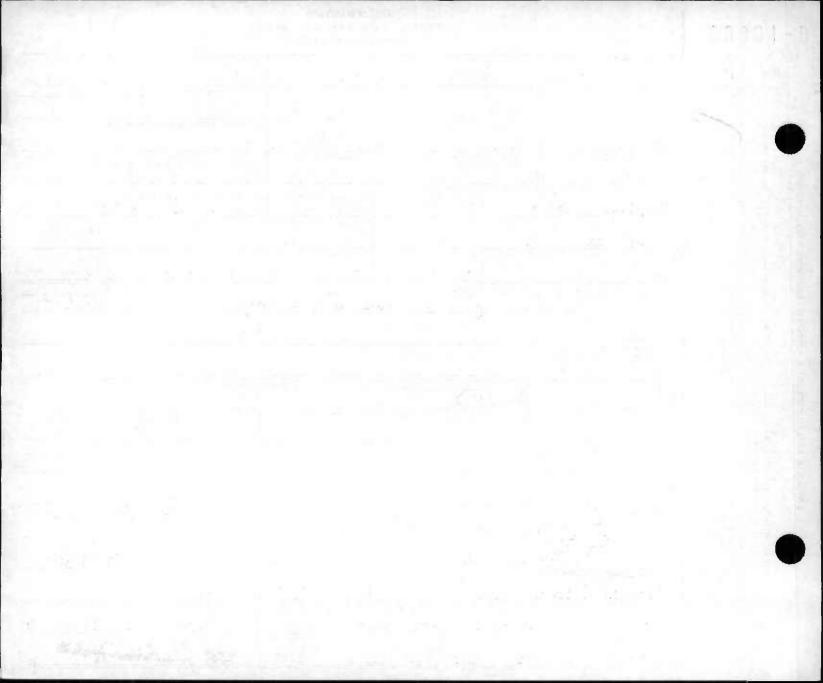
1	REGISTRAR			CERTIF	ICAIL OF D	EAIN	REG. N	Ю.				
	DECEASED NAME FIRST		MIDDLE	l	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
L	William		oldie	В	utler			08	16	86	6:5	O PM
E	SEX	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS	DER I YEAR	IF UNDE	R 24 HRS
1	Male	White		04	02	16	70	YRS				
†*	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER N	ARRIED -	9. BALTIMORE CITY	OR COUN	TY OF D	EATH		
	Maryland	U.S.A		WIDOWE	DIV DIV	ORCED	Talbot					MD.
10	CITY ORTOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (L KIND O	F BUSIN	ESS OR
1	Cordova		x 66G				Farmer					
13	SUAL RESIDENCE (IF NURSING HOME O ID. STATE 13b. COU	NTY	13c. CITY OR TOW		13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	/ ZIP COI	DE			
	Maryland Tall	bot	Cordova		YES 🗌	NO [X)	Rt 1 Box 6	6G	216	525		
114.	FATHER'S NAME FIRST	MIDDLE	LAST			MAIDEN NAA	ME MIDDLE			LAS	ıΤ	
1	William	Α.	But1e			ucinda						
160	B. WAS DECEASED EVER IN U.S. AF (1985, NO OR UNKNOWN) (1995, GI)	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMAL	NT	ADDR	ESS				
L	no		220-34-9	495	Robert	t Great	house Rt 1	Box				MD
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per	line (5)(a), (b), and	d (c).)		1				BETWEEN C	-	D DEATH
Ł		TE CAUSE (a)	(ancu	nom	a d) hu	nc			W	20	
1		DUE TO, O	R AS A CONSEQUE	NCE OF		/						
	Conditions, if any, which gave rise to immediate	(b)_										
1	cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF								
	underlying cause last.	(c)										
١,	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	IDITION G	IVEN IN	PART III	3.	
CEPTIEICATION		450	V9				V-1	Ton 17 v	EC LIER			
1 2	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOI	RMED	20a AUTOPSY?	IN CERT	TIFYING	CAUSES	OF DEA	TH?
4 5		7 411 71115 6	5 10 10 10 10		101 110111111		YES NO		YES		NO [
			M. MONTH DA	Y YEAR	21t. HOW IN,	JURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18	B PARTIO	RPART 2}		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.	M.	19								
1 5	21d INJURY OCCURRED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, E1C)	211 LOCATIO	N	CITY OR 10	NWC	C	OUNTY		STATE
1	AT WORK							1	1	2	_	-
1	220.1 certify that III his hosp	ital) attended th	de deceased from	1/15		19 84	to	116	90		the (1)	(re) last
П	above (I) we) (did slid no	the body	after death.			(aur) apinion a	death occurred on the a	ate and h	aur and	from the	courses 3	loted:
Ш	22h SIGNATURE		di		DEGREE	TTENDING	AMEDICAL STA	EE	2	CONE	SIGNED	
1	NINU	ww	VIV				DIRECTOR PHYSIC	CIAN		8/10	1/80	0
1	THE PROPERTY OF THE PERSON	OR PRINT)			22e ADDRESS							
L	Donald T. Lew	ers, M.D			Dutchma	<u>an's La</u>	ne Easton I	MD 2	1601	<u> </u>		
23	a. BURIAL, CREMATION, REMOVAL				EMETERY OR C		23d. LOCATION		cou	NTY		STATE
L	Burial	8/19/8	6 Gre	enmou	unt Ceme		Hillsb			roli		MD
24	FUNERAL DIRECTOR		ADDRESS			250 DATE	REC'D. BY REGISTRAR	25b. REGI	STRAR'S	SIGNAT	URE	2
	Newnam Funeral I	Home	Easton M	ID 21	1601	AUG	21 1986 4	Way Da	Widom	V-Nou	1	
							- 0					80-

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT

O FUNERAL DIRECTOR

BP



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN CTYPE CHERRY OF ESTI-ANDREW A AGE (IN YEARS IF UNDER 24 HRS DATE 6 PHONE Jan. 9, 1925 MALE WHITE DEAD IRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OF COUN MARRIED XNEVER MARRIED WEST VIRGINIA 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK SALESMAN AID SPECIALIS SALISBURYT 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND WICOMICO SALISBURY 9 DEER HARBOR DR 15. MOTHER'S MAIDEN NAME MARSHALL HUGHES CARRIER, SR. LOUISE WOLF PODEER HARBOR DR. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. (XEZ NO US NUKNOMN) MYRNA BAKER CARRIER SALISBURY. 215 28 5314 APPROXIMATE INTERVATOR 18. CAUSE OF DEATH (Enter only one couse per la b) and (c) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? III EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE T Inspection 🕅 22a. I certify that I took sharge of the remains described above, held an Autapsy and in my apinian death resulted from Noterol causes Undetermined manner ACTUAL SIGNATURE ZMEDICAL EXAMINER EXAMINER'S NAME R. Paul Wroth Easton Memorial Hospital, Easton, MD 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION BURIAL 9/3/86 SUNSET MEMORIAL PARK BERLIN WORCESTER MD 250. DATE REC'D. BY REGISTRAR 25h RL GISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

10801-00 # 2 # 1 2 1 Commentation Standale - July - HAL 17 Page 1

completely filled in by the funeral director, page 3 it and 2 should be filed within 72 hours after death within 24 haurs after death. Page 4 may be death certificate be executed TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and car should be detoched for use as the burial-transit permit. Then please remove carban papers: Pages 1, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. OR ATTENDING PHYSICIAN: The law

STATE OF MARYLAND

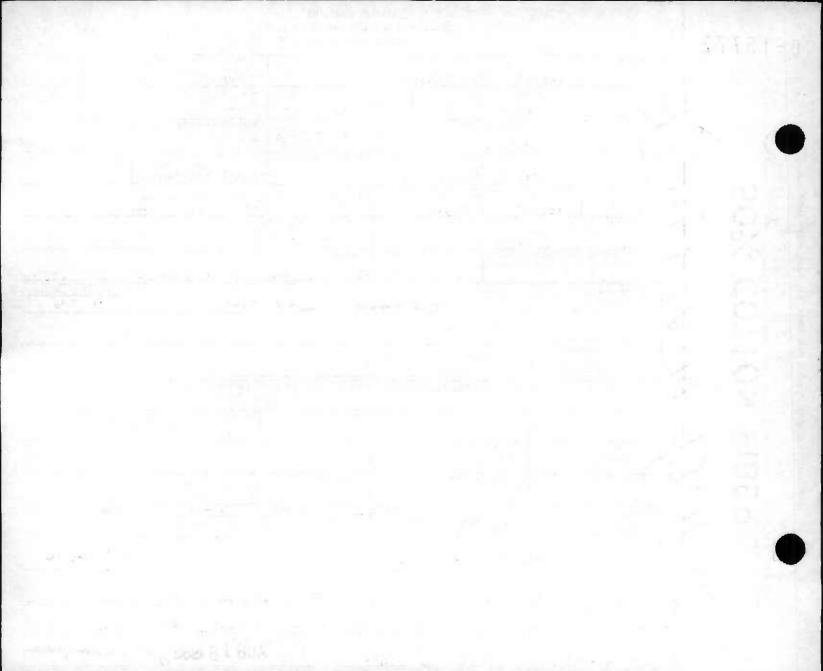
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR - STATE REGISTRAR		DEPARTA		EALTH AND M		ENE	REG. NO.	4 0	0 3	
	DECEASED NAME FIRST		MIDDLE	- i	AST		2g DATE OF		ONTH C	DAY YEAR	26 HOUR
1	TYPE OR PRINT)	garet H	lope Casso	n			Aug	ust 1	. 19	86	9:05 PM
3.	SEX	4. RACE	ope ousse	5 DATE C			6. AGE (IN YE		DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Pemale	White		05	31	14	72		YRS	ONIHS DAYS	HOURS MIN.
H	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	0	D NEVER M.		9. BALTIMOI	RE CITY OR		OF DEATH	
V	Maryland	U.S.A.		WIDOWE		DRCED T	Talbo	t			MD.
	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			12a USUAL C	CCUPATIO			F BUSINESS OR
4	Easton		Washingto				School	Teach		INDUSTRY	
13	SUAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION		ADMISSION)	1 13d. INSIDE CIT	V HANTS?	13e.STREET A	DDPESS /	7IP CODE		
1		albot	Easton				417 S.		inato		21601
14.	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S	MAIDEN NAM	ΛE	WIDDLE		LAS	1
4	E.	Russell	Casso	n	Ma					Davis	
16	(YES, NO OR UNKNOWN) I (JE YES, O	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	T		ADDRES	S		
L	no		213-01-8	241	Elinor	Casson	417	S Was	shong	ton St	Easton
	18. CAUSE OF DEATH (Enter) PART I. DEATH WAS CAUS	only one couse pe	r line for (a), (b), and	d (c).1						BETWEEN	IMATE INTERVAL ONSET AND DEATH
+		ATE CAUSE (0)	BA	LEAS	50	CAN	CESS			4	429
P		DUE TO, C	R AS A CONSEQUE	NCE OF							
ŀ	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse tost.	DUE TO, O	r as a conseoue	NCE OF							
	PART 2 OTHER SIGNIFICANT	T CONDITIONS C	ONTRIBUTING TO E	DE ATH BUT	NOT RELATED 1	O THE TERMI	INAL DISEASE	OR COND	TION GIVI	EN IN PART 10	0
3	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING										
3	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTO		IN CERTIF	, WERE FINDIN YING CAUSES	OF DEATH?
4	21g. ACCIDENT WAS UNDERLYING	71b. TIME C	SE INTITUDO		12)- HOW BU	IBY OCCUPE	YES 🗌	NO []		5 🗌	NO 🗌
		Lugue A		YEAR	21c. HOW INJ	JRY OCCURR	ED (ENTER NAT	TURE OF INJURY	IN ITEM 18 PA	ART I OR PART 2)	
3	(IF EITHER, NOTIFY MEDICAL EXAMIN		M. OF INJURY	19	211. LOCATIO	J					
1			REET FACTORY, OFFICE, F	ARM, ETC)	STREET	•		CITY OR TOW	7	COUNTY	STATE
	AT WORK AT WORK	2.0.0.1.1.1		-	7.3	10 83	. 8	- 11		10 8 4	4
1	220. I certify that (I) (this has sow the deceased alive a above, (I) (we) (did (on	30 19	6_,01	nd that in (my) (, 17	leath occurred	d on the dat	e and hour	ond from the	
	22b. SIGNATURE	Ista 8	Comple	2	DEGREE AT PI	TENDING TYSICIAN	MEDICAL DIRECTOR (STAFF	AN 🗆	22c. DA/E	1/86
	22d. PHYSICIAN'S NAME (TW	OR PRINT			22e. ADDRESS						
	Stephen P. Ca	arney, M.	D.		Dutchm	an's L	ane Ea	ston I	4D	21601	
23	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CI		23d LOCA				
1	Burial	8/14/8	son Spr	ing b	lill Cem	etery	Eas			Talbot	MD
24	FUNERAL DIRECTOR		ADDRESS			25a. DATE		EGISTRAR 2		RAR'S SIGNAT	
1	Newnam Funeral H	lome E	saton MD	2160)1		AUG.1	8 1986	1000	e wanted	-Northwese

DHMH - 16 60M 7/84 (VRA 15, 4)

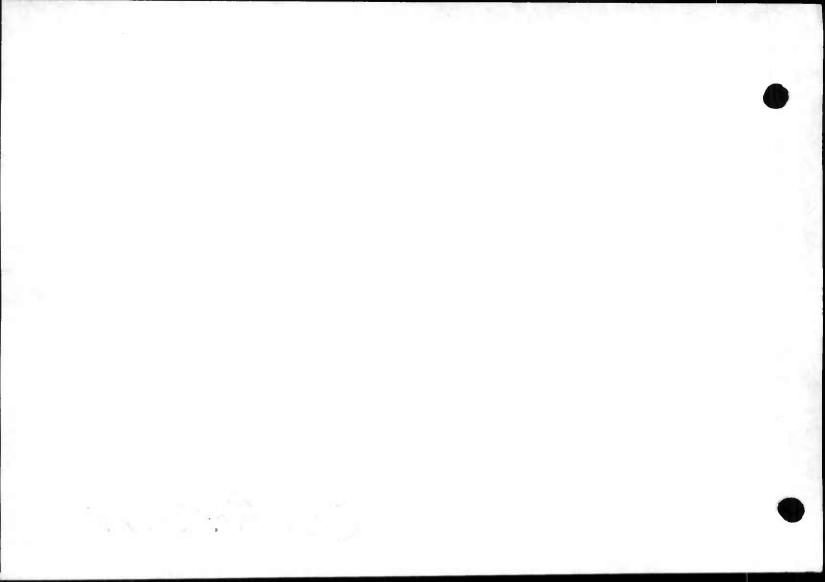
TO HOSPITAL

MPORTANT: If Item 21 is marked at Item 18 shows any injury, at ather traumatic event, the medical



1

ERTIFICATE #86-24004



16206	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	GIENE 2	4 0	0 5
y be 100 bg 3 100 death		ORPRINTUTO LET		H.	Co	RKRAN	8 21 84	MONTH DA	12pm
Page 4 may be director, page 3 nours after death	3. SE.	emale	4. RACE White		5. DATE C MONTH 02		ACTE (IN YEARS LAST BI	YRS.	UNDER I YEAR IF UNDER 24 HRS
death. Po	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A		WIDOWE		•	BOT	MD.
by the filed w	E	ASTON IND	MENOTINSU	TOY W	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewife		12b. KIND OF BUSINESS OR INDUSTRY
in 24 hou y filled in thould be errors	Ma Ma			13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES X NO	136 STREET ADDRESS 415 Salmon		21601
uted within		ATHER'S NAME William	B.	Higg		Elizabet		F.C.C.	Hunter
be execut			RMED FORCES?	214-52-2		Betty F. Ge			MD s Lane Easton
certificate Thysical paper Inaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause pe SED BY ATE CAUSE (a)	Carci	Now	atosis		100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by me allond by committee and the death		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)_	R AS A CONSEQUE					
oir sigi a bi	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ontributing to I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	idition giver	N IN PART 110
ow rmit price	CERTIFICATION	The DATE OF OPERATION	19L COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70s AUTOPSY7		WERE FINDINGS USED NG CAUSES OF DEATH?
G PHYSICIAN: The Intending physicion. pr this certificate has the burial-transit pe and Mental Hygiene and Mental Hygiene and of them 18 shown	1000	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION OF D OF EITHER, NIGHT MEDICAL EXAMIN	HOUR A	OF INJURY .M. MONTH DA .M.	AY YEAR	21c HOW INJURY OCCUR	RED (yourse nether or min	JEV TO TEXT SE FAR	TY OR FART (I)
VG PHYSIC attending frer this cer as the buria h and Ment	MEDICAL	214: INJURY OCCURRED WITH OF HOT WHILE OF AT WORK		OF INJURY	allocation (NI LOCATION	circum	JWM	COUNTY STATE
TTENDING pital or off TIOR, After for use as the off Health of Health of Timork.	1	sow the decapt and the	pitali mended the		P&	nd that in (my (our) printen	death occurred on the o	late and hour o	that (I we) lot and from the couses stated
TAL OR A y the has sal DIREC detached ate Dept.		Wille	18	ne	0	DEGREE ATTENDING Y	DIRECTOR STA		ZIL DATE SIGNED
HOSPITAL ined by the FUNERAL individual be detected by the State in th	1	William Band	ield, M.	6.		Easton, Md	. 21601	- 199	

23c NAME OF CEMETERY OR CREMATORY

Easton, Md. 21601

23d. LOCATION CITY OR TOWN

STATE

MD

Woodlawn Memorial Pk Easton Talbot

| 236 LOCATION | COUNTY | COUN

. Jb 25 10

DHMH - 16 60M 7/B4 (VRA 15, 4)

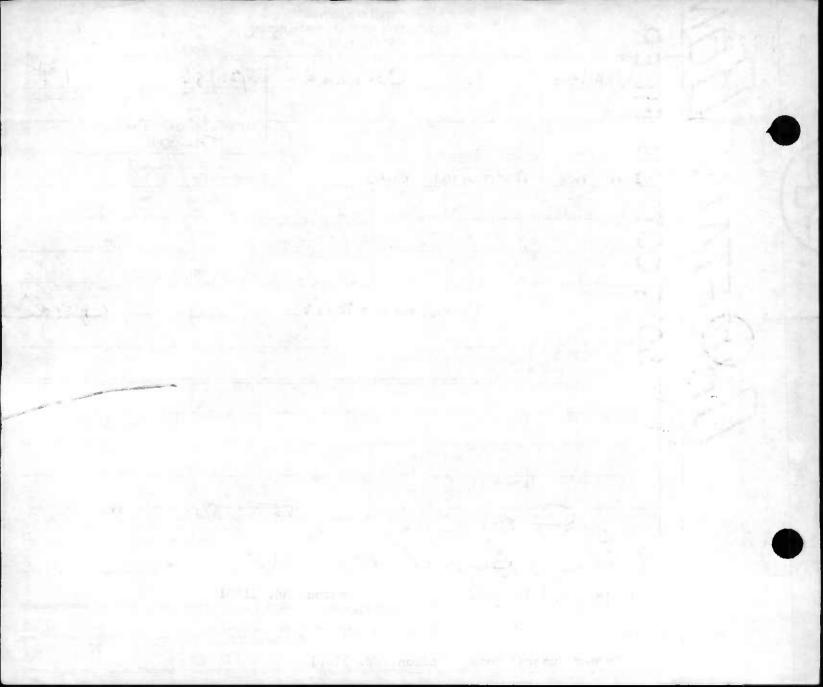
BP_

230 BURIAL, CREMATION, REMOVAL
SPECIFY)
Burial
24 FUNERAL DIRECTOR
NAME
NOVEMBER 1

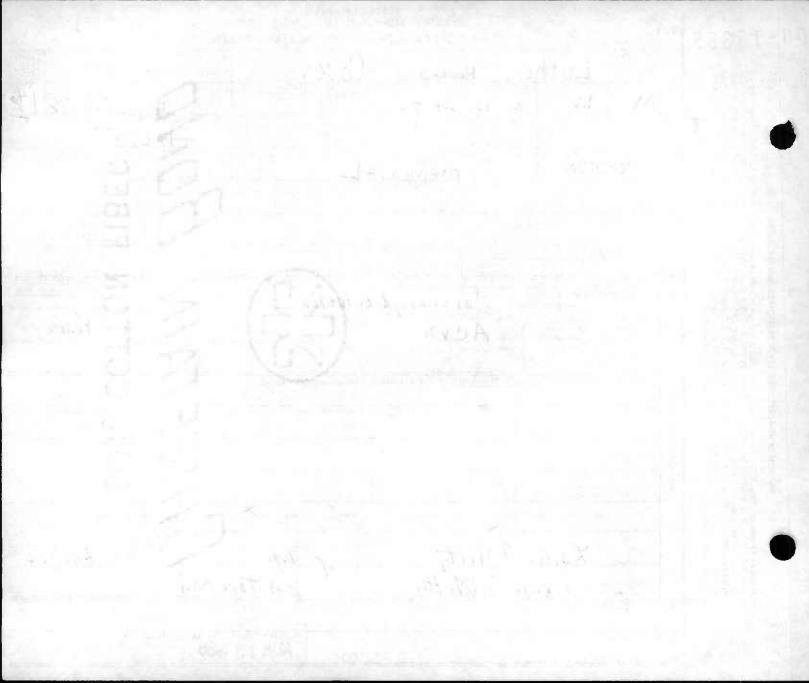
236 DATE

Newnam Funeral Home

8/23/86



				31				MARYLAND				
00	IFOFF	1-	FOR STATE					H AND MENT	5 47 15 1	2 4	0 6	
00-	15355		REGISTRAR		WEL	DICAL EXA	MINER'S	CERTIFICAT	POF DEATH	REG. NO.		
			CEASED NAME	FIRST		WIDDIE	^	LAST	20 DA	TE KNOWN	MONTH DAY Y	EAR 26 HOUR
	LES. ET,		L	-utne	IK H	OWARD		over	DE	OF ESTI-	19	М
	SESE	3. SE			DATE OF BIRTH	YEAR LAS	E (IN YEARS IF L			OUNCED A	MONTH DAY	YEAR 2d HOUR
	SARY, PLEASE AL DIRECTOR. TOUR FILES. IN 72 HOURS STEN STREET.	4			2 12		2 YRS.		D	EAD CHO	UST 10 19	6 1M
	ESS		RTHPLACE (STATE OR REIGN COUNTRY)	76.	CITIZEN OF WH	AT COUNTRY?	B. MAR	RIED X NEVER M	ARRIED 7 BA	TIMORE CITY OF	COUNTY OF DEAT	H 77
	NECESSAR FUNERAL D MITHIN REDIC		laryland		U.S.A.		WIDO		ORCED -	TAL	001	MD.
******	AGE BASE	10. C	TY OR TOWN OF DE	ATH 11.		PITAL, NURSING		THER INSTITUTION		CUPATION (TYPE O	F WORK 12b. KIND O	OF BUSINESS USTRY
/ 1	H. IFANY DELAY IS N. 1, 2, AND 3.10 THE FL. W. 3. RETAIN PAGE OF SHEED THE FLECORDS, 201.		47311	JN		mem	ORIAL	_		oute Mgr.	Dairy	
2	5285857		AL RESIDENCE (IF IN NI TATE	136. COUNTY	HER INSTITUTION, GIV	13c. CITY OR TO		13d. INSIDE CITY LIMI	TS? 13e. STREET AL	DDRESS	211-1	T
21201	A SEE SEE	Ma	ryland	Talbo	t	East		YES X NO	□ 205 Wi	llis Aven	ue	1
WD.	H 22 33,2	14. F	ATHER'S NAME	M	IDDLE	LAST		15. MOTHER'S M	AIDEN NAME	WIDDLE	LAST	
, E	PAN SES	Lu	ther	Me	riel Co	vey		Carrie			Taylor	
IWO	PAGES 1	16a. \	VAS DECEASED EVER	IN U.S. ARMED	FORCES? OR DATES)	166. SOCIAL S	ECURITY NO.	17. INFORMANT		ADDRESS		
BALTIMORE, MD.	AAGE VISIC	Ye	S	WW II		212-22	2-7884	Annabel	N. Covey	205 Wil	lis Ave E	aston M
	DURS AFTER DEATH. 18. GIVE PAGES 1, 2 5. WITH FORM PM 3 AIT. PAGES 1 AIM 24 E. DIVISION OF WITH		IB CAUSE OF DEA	TH (Enter anly ar	ne cause per line	for (a), (b), and		,			APPROX	MATE INTERVAL
201 W. PRESTON ST.,	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D		PARTIDEATH	IMMEDIATE C	AUSE (a)	ronav		14510x				
STO	A ALC AVG				DUE TO, OR	AS A CONSEQU	JENCE OF				Year	
2	NER AL		Canditians, if gave rise to		(b) A	C-VD		1 1			lea	12
×	OR TRIENT		cause (a) stating		DUE TO, OR	AS A CONSEQU	IENCE OF				777	
,20	NA PAR			000	(c)			D. 5 . 1				
DIVISION OF VITAL RECORDS,	MER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLOATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 FORWARDED TO THE CHIEF AKEDICAL EXAMINER ALONG "BOR, PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IND, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL.	-	PART 2 OTNER SIGNIFICAL	NT CONDITIONS CONT	RIBUTING TO OFATH B	UT NOT RELATED TO	THE TERMINAL OISE	ASE OR CONDITION GIVEN	IN PART 1 (a)	1		
5	ANED ANED ANED ANED ANED ANED ANED ANED	CERTIFICATION										
AL R	SED A SED A SED A SED A SED A	ŏ.	190. DATE OF OPER	ATION	196 CONDIT	ION FOR WHIC	H OPERATION	WAS PERFORMED?			20 AUTO	PSY?
N N	ORD ORD ORD ORD ORD ORD ORD ORD ORD ORD	E	al EXTERNIAL CAL	ICE MARK	AM YUNE 00		1				YES	NO
0	A HOWER		210. EXTERNAL CAU	OR WAS	2) b. TIME OF HOUR A.M.	MONTH DAY	YEAR 216	HOW INJURY OCCI	URRED (ENTER NATURE	OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2)	
O NO	SAR TO THE	MEDICAL	CONTRIBUTING			F INJURY (AT)	19	OCATION.				
<u> </u>	E 3 S E E E E E E E E E E E E E E E E E	MEC	WHILE OCCUR	WHILE IT		DRY, FARM, ETC.)	10ME, 211. E	OCATION STREET	CITY	OR TOWN	COUNTY	STATE
	WRI WARE PAGE 12020		AT WORK AT V	VORK								
	APTE SHE S		22a. I certify that	I taak charge af	the remains desc	ribed abave, he	ld an Auto	apsy . Insp	ection 🔼 . Inq	uiry , and	in my apinian	
	MIN		death resulted Iran	n: Natural o	auses 🔀,	Accident,	Suicide	, Hamicide	. Undetermine	d manner .		
	A VI		ACTUAL	1	AVV.	01		TITLE (SPECIF	Y)		1 ,	1
	KERKE W	-	SIGNATURE	> aus	1.010	ny		M.D. fr De	MEDICAL E	XAMINER	SIGNED E-/	0-86
	POPE STEE		EXAMINER'S NAME	1 40	· C1	So the			ASTONI	SAA		
	TO MEDICAL EXAMINER: 1) EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STI. BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)		15 J.V	Ve 119		_ADDRESS				
	EBSE48		URIAL, CREMATION, I					OR CREMATORY	23d. LOCATIO	N	COUNTY	STATE
07/84 25M	BP		rial UNERAL DIRECTOR	18/	13/86	Spring	Hill	Cemetery	Fastor		albot	MD
2011	DHMH - 17		NAME		ADDRESS			Λ	UG 1 3 198	6 gularie		Ota Control
	(VR A15 ME (5))	Ne	wnam Funer	ral Home	Eas	ton N	1D 2160	01 7	00 1 3 130	0		



BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

4 2

	1 -	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYS ICATE OF DEATH	4 U	0 /		
		CEASED NAME FIRST WITH A	MIDDLE	Daug	heety	20. DATE OF DEATH	MONTH DAY	6, 1986	5 HOUR 53
	3. SEX	MALE	WhiTE	5. DATE O	OAY YEAR	9. BALTIMORE CITY O	9 YRS		HOURS MIN.
2	M	ARY LAND	CITIZEN OF WHAT COUNTR	WIDOWE			TALL	01	MD.
ζ	10. CI	EASTON	I. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR EAS TON	neme Peme	BRIAL	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST		RALLA	ROAD
5	13a. S	Md TAL	1 mm		13d. INSIDE CITY LIMITS? YES NO NO	1	ZIP CODE	AVE.	21654
2		WILLIAM	DAUG!	ERTY	15. MOTHER'S MAIDEN NA	WIDDLE	ESC	DAR	6Y
1		/AS DECEASED EVER IN U.S. ARME es, no or unknown) { (IF YES, GIVE W		-9422	GLADYS M.		104	FORd,	Md 2165
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E IMMEDIATE (BY: PO	ond ICI.I	TR CAN	NCER		-	MATE INTERVAL NSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause [a], stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECTION b)	DUENCE OF	NOT RELATED TO THE TER/	minal disease or con	idition given	N IN PART Ira	
)	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR		JRY IN ITEM 18 PAR	T OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR TI	OWN	COUNTY	STATE
		22a.1 certify that (1) (this haspital sow the deceased alive on above, (1) (we) (did) (did not) s	25 AUG 19	C34	nd that in (my) (our) apinion	deoth accurred on the c	15	and from the c	1 1 1 1 1 1 1 1
	A	22b. SIGNATURE	light & Can	Qm	DEGREE ATTENDING PHYSICIAND	MEDICAL STA		8-2	L 86
/		22d. PHYSICIAN'S NAME (TYPE OR PI	Ripfy		22e. ADDRESS	·			
	(BURIAL	236. DATE 25,1986	PA PA	EMETERY OR CREMATORY RKWOOd		YORE	COUNTY	Md
	4.4	UNERAL DIRECTOR	1=0 75 \$ DORES	1 HADI	Seed Rd Al	TE REC'D. BY REGISTRA	July De	AR'S SIGNATU	JRE POPULATION OF

The Employee WILLIAM DIESERATE PLANTED DAKELLY The later of the second of the 149-1-12 171/28 7327 1724/28 AN SER SER SER SER SERVEN

1 0	1. DE	CEASED NAME FIRST	WIDDLE	LA	ol .	20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
ge 3	(I the	LER04	Brooks (EDG+	AR Jr.	8-13.	-86	10 "
TO I	3. SE		4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1	
	Ю	Male	White	sept	9,1923	62	YRS MONTHS D	DAYS HOURS MIN.
فرنه	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY2 8		9 BALTIMORE CITY		(H
3		Maryland	US	WIDOWED	NEVER MARRIED DIVORCED	TALB	OT	MD.
D D	10-0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			12a USUAL OCCUPAT	ION 126. KIN	ND OF BUSINESS OR
8	E	ASTON	CASTON ME	SMORIAL	- Hospita	Retire	DE WORKING LIFE) INDUS	STRY
35	130.	at residence (if nursing home tryland 13 bo	PROTHER INSTITUTION GIVE RESIDENCE IN COMMERCE CAME	bridge	YES NO Y	13e STREET ADDRESS 6 Shawn	ZIP CODE	21613
a	H. F.	ATHER'S NAME	MIDDLE LAST		IS. MOTHER'S MAIDEN NA			LAST
70	V	Leroy B	rooks Edga	ar, Sr.	Margaro		Shento	on
2		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 16b SOCIALS GIVE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRI	SS	
1	1	Yes	WW II 216-1	14-9537	Mrs. Ruth	S. Edgar	Item # 1	L3
		18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b	, and ic			AP BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
			JATE CAUSE (0) CHRONI	c Lym.	PHOCYTIC L	2UKEMIA	2	3 1/3 YRS
		INVIVED		-0.151.155.05				
		Conditions, if any, which	DUE TO, OR AS A CONSI	EQUENCE OF			100	
		gove rise to immediate	(b)				100	
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSI	EQUENCE OF				
			(c)					
	z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING	TO DEATH BUT N	OI RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN IN PAR	RITIO
1	₽	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FI	INDINGS LISED
1	5						IN CERTIFYING CAL	USES OF DEATH?
-	CERTIFICATION	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES DEPART OF PART	NO 🗌
		OR CONTRIBUTING CAUSE OF		DAY YEAR	THE THE THE METERS OF COMM	AFT AFTAKANIONE OF 1190	A THE THE PART I OUT THE	
7	S	(IF EITHER NOTIFY MEDICAL EXAM		19	AV LOCATION			
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNT	TY STATE
		AT WORK AT WORK						
	1.4		an 13 AVG	om A	, , ,	. 10	19.86	, 11101 (11 (20) 1031
		saw the deceased plive abave, (1) (we) (did) (did	nat) view the bady after death.	19 86 , one	that in (my) (our) apinion	death accurred an the d	ate and haur and fram	n the causes stated
	1	226. SIGNATURE		0	EGREE			DATE SIGNED
		All	whim Can	nely	ATTENDING PHYSICIAN (5	MEDICAL STA	SIAN 1 8	F-14-8C
1		22d PHYSICIAN'S NAME	PE OR PRINT)	1)	22e ADDRESS			
1		Stephen P.	Carney, M.D.		Easton, Md.	. 21601		
1	23a.	SURIAL CREMATION REMOV		23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION		
		Burial			erans Cem.	CITY OR TOWN	Dor.	Md.
	_	UNERAL DIRECTOR	1-///	and ve	25a. DAT	E REC'D. BY REGISTRAR	44	
/84			Funeral Home Ca	imbridge.		0 1096 /	F 40	Second Second
	_				AU5 1	O Partie Hay	BY THE WAY WE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE POF BEATH REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) OF ESTI-1055 DEATH MATED PESTON STREET 3 SEX AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS VOUR FI DATE MONTH LAST BIRTHDAY) PRONOUNCED Male White 08 05 DEAD 81 BIRTHPLACE (STATE OF CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY MARRIED Y NEVER MARRIED FOREIGN COUNTRY U.S.A. North Carolina WIDOWED DIVORCED B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION KIND OF BUSINESS (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) Boiler Engineer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 136. COUNTY 13c. CITY OR TOWN CERMIT ALL STEEL STEEL PROTECTION (PC) 13e. STREET ADDRESS Talbot Trappe Maryland IS MOTHER'S MAIDEN NAME EIRST MIDDLE WEDDLE 6951 Enoch Ha ywood Forbes Mary Ann Gabriel 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO 7 INFORMAN ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Gladdie Be no 18. CAUSE OF DEATH (Enter only one cause pe DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY EXECUTE THE CRETIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITER-PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO EDUCAL EXAMINER ALON SHOULD BE USED AS BURRAL - TRANSIT PER AFTER DEATH, WITH THE STATE DEPARTMENT-OF HEALTH AND MENTAL HYGER BALTIMORE, MARYLAND, 21201 PRIOR TO BURDAL, CREMATION, OR REMOVA IMMEDIATE CAUSE (a AS A CONSEQUENCE OF DUE TO Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I loc the rempins described above, held an Autapsy Inspection and in my apinian death resulted for Accident Undetermined manner SIGNATURE EXAMINER'S NAM Michaels, MD Lane Wroth, (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Burial 9/3/86 Windy Hill Cemetery Talbot MD 07/84 Trappe 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE SEP 5 1986 Sulia Junior **DHMH - 17** ADDRESS Easton MD (VR A15 ME (5)) Newnam Funeral Home

38171-06 18 32 11 2 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY

STATE OF MARYLAND

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Caroline MD

REGISTRARIS SIGNATURE

LICENSTRANCE

LICENSTR

1	STATE REGISTRAR	DEPAR		ICATE OF DEATH	REG.	NO.			1
	ECEASED NAME FIRST DE OR PRINT) GUST	MIDDLE Adolph	_	ast λSe	20 DATE OF DEATH	HTMOM	13	86	26. HOUR S
3. SE		White	5. DATE C	by 25, 1919	6 AGE (IN YEARS LAST I	BRTHDAY) 67 YRS	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.
Fe	deralsburg, MD	U.S.A.	WIDOWE		9 BALTIMORE CITY		TY OF DE	1	MD.
1	Easton /	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)		TYPE OF WORK FOR MOS			DUSTRY	F BUSINESS OR
13a.	JAL RESIDENCE (IF NURSING HOME OR C STATE 134 COUNT Maryland Carol	TY 13c, CITY OR TO	WN	YES NO ZX	Rt. 2, Be	5 / ZIP CO 5x 28/	DE +, Pr	216 esto	are per
1	Gustav Chris			Augusta M.	Hintz MIDDLE			LAST	ī
		MED FORCES? 166 SOCIAL SEC WAR OR DATES) 218-14-2		Pamela F. Bi		707 S.	. 2nd	St.	Denton.
	PART I. DEATH WAS CAUSED MMEDIATE Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	BY:	LOSP LL UENCE OF STUVE	Heart Fa yopathy	anest ilune			2- Ma y E	3year
CERTIFICATION	PART 2. OTHER SIGNIFICANT CO Africal Fibri 190. DATE OF OPERATION	ONDITIONS CONTRIBUTING TO Hafton Right 196. CONDITION FOR WHICE	at Pr	reumoria	. 7	20b. IF Y	YES, WER	FINDIN	NO D
MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOTIFY MEDICALES ALL WORK ALL WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 E. FARM, ETC.)	211. LOCATION STREET	RED (ENTER NATURE OF IN		1.4	PART 2)	STATE
	220.1 certify that (1) this hospin saw the deceased alive and solver, (1) (was fidely left and 121. SHOPLATURE)	bages	86 , ar	DEGREE ATTENDING PHYSICIAN POR BOX	MEDICAL _ ST	AFF			
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial.	23b. DATE 23b. Aug. 16,1986		emetery or crematory or Order	23d. LOCATION CITY OR TOWN Prest.c	n. Ca	roli		STATE

Preston Preston Preston

TO FUNERAL DIRECTOR: After this

ATTENDING

TO HOSPITAL

DHMH - 16 60M 7/B4

FUNERAL DIRECTOR

should be detach with the State De IMPORTANT:

injury, or other troumatic event, th

r use as the burial-transit permit. Then pleas Health and Mental Hygiene prior to burial,

(VRA 15, 4)

the state of the s Leave to the house production of

BUA Commission and the commission of the commiss

San Market Board Book of the South to be for

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O CERTIFICATE OF DEATH

2401

1		REGISTRAR					REG. N	0.				
	{TYPE	CEASED NAME FIRST OR PRINT) MILd	Red.	ELIZAE	3eth (GALE	20 DATE OF DOTH	MONTH DA	1986	26 HOURG		
1	1 SEX	And the second	4 RACE		5. DATE C	D.11 15.45	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN		
			Caucas		Apr	30, 1909	77	YRS				
	7a. BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY C	R COUNTY C	OF DEATH			
	-	aryland		A.	WIDOWE	DIVORCED [TAIL	bt		MD		
	10 CI	EAS-TON		HOSPITAL, NURSING HEACILITY, GIVE STREET		Spi +AL	Teacher	ION)F WORKING LIFE)	12b. KIND O	ation		
7	13a. S	L RESIDENCE (IF NURSING HOME OR ITALE IN COUN aryland Car	TY	13c. CITY OR TOWN	V	YES NO	Church S	zip code	t. 216	547		
1	II FA	THER'S NAME	AIDDLE.	1457		15 MOTHER'S MAIDEN NAM	\E			741.		
	/	Everett H	oxter	Gale		Ida	Elizabe	th S	Stewaj	ct.		
		AS DECEASED EVER IN U.S. ARA		16b SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR					
	N		WAR OR DATES)	219366	867	Stewart Ga	le. Den	ton. I	Maryla			
		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y ane cause per DBY: E CAUSE (a)	line far (a), (b), and	Ve Ve	offeeson lives	SOVE HESET	PAINTE	APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH		
1		, IMMEDIAN		R AS A CONSEQUE	NICE OF			,	0	1.		
1		Canditians, if any, which	()b)	R AS A CONSEQUE	1/	666N ANSBRIER	My olamon 1	NAMORON	4 5	WKS.		
١		gave rise to immediate cause (a), stating the	DUE TO OF	R AS A CONSEQUE	NCE OF		7					
		underlying cause last (c)										
	z	PART 2 OTHER SIGNAPICANT C	ALD.		EATH BUT	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVE	N IN PART 1 c			
-	ATIO	190 DATE OF OPERATION	0717	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h JE YES	WERE FINDIN	IGS LISED		
	CERTIFICATION				0.5		YES NO	IN CERTIFY YES	ING CAUSES			
1	1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	111	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	(1 I OR PART 2)			
1	MEDICAL	214. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OR TO	NA/NI	COUNTY	STATE		
	2	WHILE NOT WHILE	(AT HOME STR	EET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CHY OR IC	WIN	COUNT	STATE		
		220.1 certify that (N (this haspit	all attended the	e_decéased fram_		1/28 , 19.06	_, ta8/16	, 11	986	that((1)(we) last		
		saw the deceased alive on abave((I) (we) (did) (did nat	I view the hady	8/15 19 8	(6_, ar	nd that in (my) (aur) apinian d	eath accurred an the d	ate and havr	and fram the	causes stated		
i		22b. SIGNATURE	I view the oddy	difer death.)	DEGREE			22c. DAJE	SIGNED		
		Death &	1	ne de		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	8/18	186		
		22d. PHYSICIAN'S NAME (TYPE OF	0 4			22e ADDRESS	1. 6. 105	(.0-	. / 40.0	7/101		
	220 P	URIAL, CREMATION, REMOVAL	23b. DATE	60 MAR	AAAE OE C	EMETERY OR CREMATORY	1234 LOCATION	642101		1001		
		Burial	9/10	100			CITY OR TOWN	Co.	rolin	STATE		
-	24 FV	PEAL DIRECTOR 1	10/18/	00 161	eenr	nount Cem.	Hillsho REC'D. BY REGISTRAR			2122		
		MOULE 1-	UNER	ALADDIFE	ME	DENTANG 2	5 400 0	in David	m Pard	ace.		
	_					1100 -		-				

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENEO

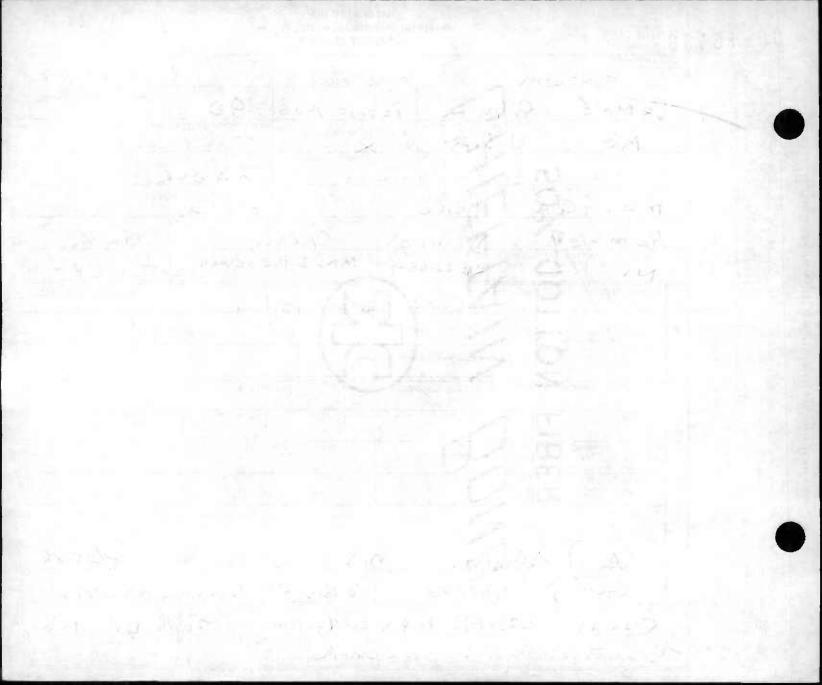
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1	bh-	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH CERTIFICATE OF DEATH					
	CTYPE O	EASED NAME FIRST HENTIET	MIDDLE	Gas	Saway	20 DATE OF DEA	н момтн 8	24 86	26 HOUR 25
-	7 SEX	EMALE	RACE B IAC K CITIZEN OF WHAT COUNTRY	S. DATE OF	DAY 190 E	6. AGE (IN YEARS L.	YR:		IF UNDER 24 HRS
2	000	S.A. LABORET	U. S. A. 1. NAME OF HOSPITAL, NURSI	MARRIED	DIVORCED [of C	Ytuvo.	M F BUSINESS O
7	2	L RESIDENCE (IF NURSING HOME OR O	Easton M	I ADDRESS)	1	(TYPE OF WORK FOR A			F BUSINESS O
5	13a ST	HEP'S NAME	13) CITY OR TOY	NA I	3d. INSIDE CITY LIMITS? YES NO NO STATEMENTS. S. MOTHER'S MAIDEN N	K. E.	ESS / ZIP CC	DDE 2/6	56
2	21	HEMSLEY	IED FORCES? IN SOCIAL SEC	NES	SAR	AH MID	DDRESS A	U ~ 1AS	K.
2			WAR OR DATES) 218-20-	6849	17 INFORMUST. L.I	ILE SEWE	654	TREVITE	wy
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)							
-								YES, WERE FINDIN	
-	RTIFIC	90 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION		YES NO	□ IN CEF	RTIFYING CAUSES YES	OF DEATH?
1	MEDICAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE AT WORK	OF DEATH HOUR A.M. MONTH DAY YEAR						
		22a. I certify that (I) (this haspital) attended the deceased fram							
+		THE SIGNATURE	prime	M	ATTENDING PHYSICIAN		STAFF HYSICIAN []	22c. DATE	25/86
	23a. BU	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CE	METERY OR CREMATOR	Y 23d LOCATION		M 2/	6TP STATE
		DOKIAI	12-40-1700 N	1.4.6	409 734 (6)	MICEN	F-EV /	E D.A	Ng

DHMH - 16 60M 7/84

(VRA 15, 4)

O FUNERAL DIRECTOR hould be detach MPORTANT, IF IS



the attending physician and c remove carbanpapers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

0-1	5	90	9	FOR STATE REGIS
after death. Page 4 may be	mpletely filled in by the funeral director. page 3	Simple Section 1	_	REGIS DECEASED (TYPE OR PRINT) . SEX Fema 6. BIRTHPLAT COUNTRY) Mary
	mpletely filled in by	examinermusibe		Maryl FATHER'S Carl

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6

4

	REGISTRAR			CERTIFI	CAIE OF DEATH		REG. NO.			
	ECEASED NAME FRST	A	AIDDLE	01"	ST	2a. DATE OF DE		DAY	YEAR	2b. HOUR
1000	a lic	e 1	May	510	rdano		7	28	86	12:55
3. SE	Х	4. RACE		5. DATE O		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS	ER I YEAR	IF UNDER 24 HR
H	Female	Cau	c.	08"	24 1924	61	Y	RS.	DAIS	NOOKS MI
7ú. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE	CITY OR COL	JNTY OF DI	ATH	
P	Maryland	U.S.		WIDOWEI		10	160	1		
10. C	taston		HOSPITAL, NURSIN H FACILITY, GIVE STREET		os Pital	12a USUAL OCCUPTE OF WORK FO	R MOST OF WORK	ING (IFE) 12b	KIND O	F BUSINESS (
13a. Ma	4		13c. CITY OR TOW	VN _	13d. INSIDE CITY LIMITS? YES NO 🔯		RESS / ZIP C	code	2161	L3
	ather's NAME Carl	WIDDLE	Simmon	s	15 MOTHER'S MAIDEN N Eva FIRST		elle		MAS.	blf
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATEST	166 SOCIAL SECT		Carroll (Giordano	ADDRESS	m #1	3	
	18 CAUSE OF DEATH (Enter or	dy nne couse ner	line fee (a) (b) at	diesie	0				APPROXU	MATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	11/0-	valer	- Frederick					
NO	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT ((c)	R AS A CONSEOU		NOT RELATED TO THE TER	MINAL DISEASE O	r condition	N GIVEN IN	PART 1rc	1
CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPS		IF YES, WER ERTIFYING YES [IGS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATUR	E OF INJURY IN ITE	M 18 PART I O	RPART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY BEET FACTORY, OFFICE,	FARM ETC }	21f LOCATION STREET	ć	ITY OR TOWN	CC	YINUC	STATE
	22a.1 certify that (1) (this hosp				. 19	, ta				that (II (we) I
	saw the deceased alive on	it view the bady	after death.	. an	d that in (my) (our) opinio	n death occurred o	n the date an	d hour and	from the	causes stated
	THE GOVATURE	elus	w		EGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN [8 DATE	SIGNED
	THE PHYSICIAN PROPERTY THE	1 J	sorn	NE	220 ADDRESS	210	Duen	who	in	216
23a	BURIAL, CREMATION, REMOVAL (SPECIFBULIAL)	7/3J	L/86 23c.		Metery or crematory Mem. Park	23d LOCATIO	Bridg	e Do	N.F.	MdATE

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

24 FUNERAL DIRECTOR THOMAS FUNERAL HOME CAMBRIDGE, MD 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

a little over the file All the state of t

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE . DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) AYMAN da 3. SEX RACE 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 21, 1919 MALE CAUC. 66 a. BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT AND H FACILITY, GIVE STREET ADDRESS) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) TAVERN OWNER morial DOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND TAL BOT MICHAELS YES X NO [209 E. MARENGO ST 21663 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST FIRST JAMES FRANKLIN HADDAWAY HELEEN HADDAWAY ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES WII 214-18-4522AEISIE J. HADDAWAY 18 CAUSE OF DEATH (Enter only one cause per lipe-for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78n AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? DIVISION OF VITAL NOV YES [NO [Hygi 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ó (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 0/ 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked AT WORK NOT WHILE AT WORK 22a. | certify that (1) (this haspital) attended the deceased from 19_ 19____ ___, that (1) (we) last saw the deceased alive an e. (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 47h SIGNATIL DEGREIL 22c. DATE SIGNED 4 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN'S NAME LTYPE OR PRIN 77e. ADDRESS the P LAWERENCE D. BOHAN M.D. DUTCHWANS LANE EASTON, MARYLAND 216010 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE

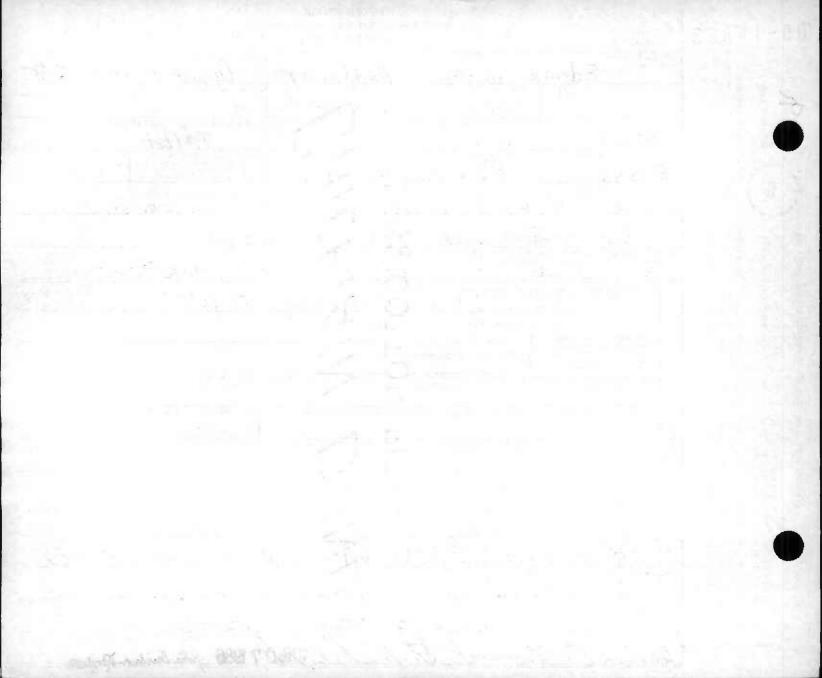
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

CREWATION

AUG. 5. 1986 LEE CREWATORY OUNTP.G. Md AATE

25a. DATE PEC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages, Land 1 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. oth. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 20201 certificate be executed within

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

retained by the haspital or attending physician.

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

injury, or other troumotic event,

MPORTANT: If Hem 21 is marked or Hem 18 shows any

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOL	
	une	Ho	Idina		8 1	13 86	5	PM
X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR		R 24 HRS
emale	Caucasian	Dec		71	YRS	MONTHS DATS	HOURS	MIN,
RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT CO	LINTRY2 8		9 BALTIMORE CITY		Y OF DEATH	-	
lorida	U. S. A.	WIDOWI	D NEVER MARRIED DIVORCED	Talbot				MD
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	, NURSING HOME (120 USUAL OCCUPAT	ION	12b. KIND (OF BUSIN	
Easton /	(IF NOT IN SUCH FACILITY, G	HEMORIA	1	Owner	OF WORKING I	_	Exn	R
AL RESIDENCE (IF NURSING HOME		NCE BEFORE ADMISSION)				1	TIAL	<u> </u>
arvland Cal		or town iderson	13d. INSIDE CITY LIMITS?	45 Circ.	Le D:	rive	216	540
THER'S NAME			15 MOTHER'S MAIDEN NA	ME				
Jesse Mil	lledge Phi	llips	Jessie	MIDDLE		Dyer	51	
VAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17 INFORMANT	ADDR	ESS	-0		
YES NO OR UNKNOWN) (IF YES, C	2661	.04184	Mrs. Ruth	Crouse,	Dent		216	
18 CAUSE OF DEATH (Enter of	only one couse per line for to), (b), and (c).)			013	APPRO: BETWEEN	ONSET AND	RVAL DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (a)	UNG	CANCR	R		2.	mo	
Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF		1-32				
gove rise to immediate cause (a), stoting the	DUE TO, OR AS A CO		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION G	VEN IN PART 1	a	
gove rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CO	ING TO DEATH BUT		200 AUTOPSY?	20b. IF YE	VEN IN PART 1 ES, WERE FINDI	NGS USE	TH?
gove rise to immediate cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT: 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON	ING TO DEATH BUT		20e AUTOPSY? YES NO	20b. IF YE	ES, WERE FINDS	NGS USE S OF DEA	TH?
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gove rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFEITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. WORK NOT WORK 220.1 certify that (1) the same sow the decased alive of the state of the state of the state of the same sow the decased alive of the state of the state of the state of the state of the same same same same same same same sam	DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT: 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET FACTOR)	NTH DAY YEAR 19 Y Y, OFFICE, FARM ETC.)	214 HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YE IN CERT Y JRY IN ITEM 18	ES, WERE FIND IFYING CAUSE: ES	NGS USE S OF DEA NO [STATE
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gove rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED AT WORK AT WORK 220.1 certify that (I) this sow the deceased alive a obave. (I) (we) (did) (did in 22b. SIGNATURE 22d. PHYSICIAN'S NAME (III) Stephen P. SURIAL, CREMATION, REMOVA	DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT: 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET FACTOR) 13 Oil view the body after deat Carney L 236. DATE	NTH DAY YEAR 19 Y Y, OFFICE, FARM ETC) d from 19 10 11, 0	211 LOCATION SIREE1 21 LOCATION SIREE1 22 LOCATION SIREE1 22 LOCATION SIREE1 23 LOCATION SIREE1 24 LOCATION SIREE1 25 LOCATION SIREE1 26 LOCATION SIREE1 27 LO	ZOO AUTOPSY? YES NO	20b. IF YY IN CERT Y UN CERT Y OWN	ES, WERE FIND IFYING CAUSE ES PART I OR PART 2) COUNTY	that (I) (I) couses st	STATE
gove rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTING ALEXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 22d. I certify that (I) the sow the deceased alive a above, (I) (we) (did) (did of 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1)	DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT: 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 216 PLACE OF INJURY (AT HOME STREET FACTOR) 101) oftended the deceose 101 oftended the deceose 102 Oftended the deceose 103 Oftended the deceose 103 Oftended the deceose 104 Oftended the deceose 105 Oftended the deceose 106 Oftended the deceose 107 Oftended the deceose 108 Oftended the deceose 109 Oftended the deceose 109 Oftended the deceose 109 Oftended the deceose 100 Oftended the d	NTH DAY YEAR 19 Y Y, OFFICE, FARM ETC) d from 19 10 11, 0	211 LOCATION 211 LOCATION 211 LOCATION 212 LOCATION 213 19 214 ADDRESS 215 ADDRESS EMETERY OR CREMATORY	200 AUTOPSY? YES NO	20b. IF YI IN CERT Y IN CERT Y J J J J J J J J J J J J J J J J J J	ES, WERE FINDI IFYING CAUSE: (ES PART 1 OR PART 2) COUNTY 	ngs uses of deal no [STATE we) lost ated

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00-16070

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IÈNE O
LAST	2a. DATE

2	4	0	1

1.	FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	2401/
I. DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
LITPI	Dudle Dudle	ou R	Joh	nso (8 15 86 11 24 A
3,54		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	Male	1.36.6	MONI		7.3	MONTHS DAYS HOURS MIN.
7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL		_	9 BALTIMORE CITY O	PR COUNTY OF DEATH
	orth Carolina	U.S.A.	WIDOW		Talbot	
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120 USUAL OCCUPAT	
	Easton	0 1 .1		Hospital	Operator	Lumber Mill
13a	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDEN	E BEFORE ADMISSION			
		bot East		YES NO X	Rt 2 Box	
_	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	
	Emery		hnson	Oma	WIDDIE	V C L L D C
16a \	WAS DECEASED EVER IN U.S. ARA		AL SECURITY NO.	17 INFORMANT	ADDRE	Young
NC		WAR OR DATES)	0.0505	Enad U Johnson	n D+ 2 have	602 Factor MD 016
TAL			8-0595	IFred H Johnson	M KC Z DOX	602 Easton MD 2166
4.5	18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	BY:	10, ond 10.1	- LAPHICE	a Bonnesda	SPOSA BETWEEN ONSET AND DEATH
	IMMEDIAT	E CAUSE (o)	50.6126	CHITY SEM!	4 HONEYV	27.30
	1 700	DUE TO, OR AS A COM	SEQUENCE OF			
	Conditions, if any, which gave rise to immediate	(b)				
	cause (a), stating the	DUE TO, OR AS A COM	SEQUENCE OF			
	underlying couse last	(c)	P TAR			
	PART 2. OTHER SIGNIFICANT C				INAL DISEASE OR CON	DITION GIVEN IN PART 110
CERTIFICATION	EVID	62 M DID COR	CINDMA 2	OF CHNG E	ABN-GOMB	GRI STNORONE
CAT	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TF					YES NO	YES NO
GR	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MON'	TH DAY YEAR			
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	19	211 LOCATION		
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM ETC)	STREET	CITY OR TO	COUNTY STATE
	AT WORK AT WORK	b a dida f		86	81	15 10 85 that (Mark law
	220.1 certify that (1) (this hospit sow the deseased abje on.	815	10 86	nd that ir (my) (our) opinion	death accurred on the de	ote and hour and from the couses stated
	22b. SIGNAPURE	view the body after death		DEGREE		120 DATE SIGNED
11	Sent	Theta	- MO	ATTENDING PHYSICIAN	MEDICAL STAI	FF _ 8/18/5E
	22d. PHYSICIAN'S NAME (TYPE OF	PRINT)		22e ADDRESS		,
	SLOW F	RIGOMAN	M	403 MARVE	1 CT. GAS,	UN NO 2/60/
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
Bu	rial	8/18/86	Woodlas	wn Memorial Pk		Talbot MD

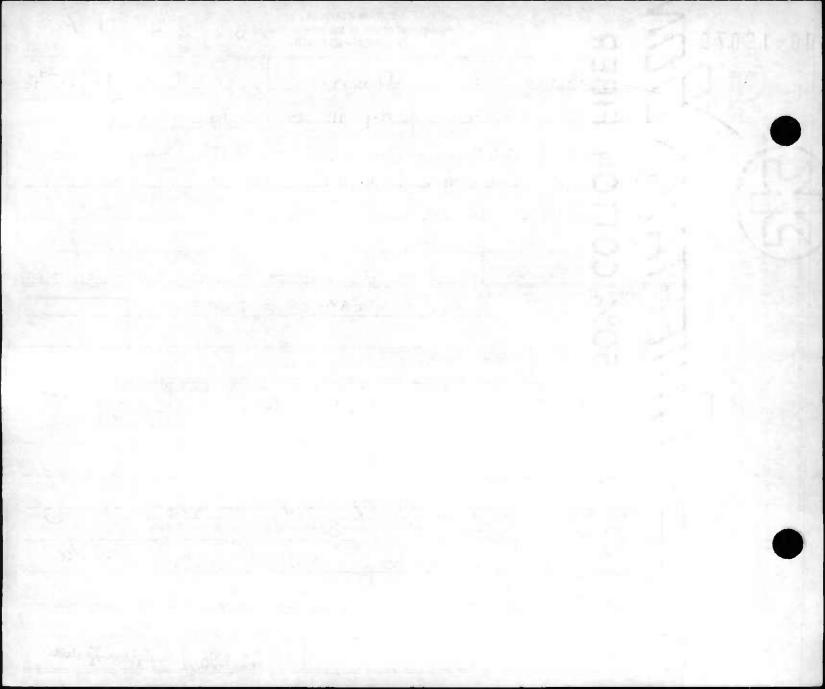
DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 share

24 FUNERAL DIRECTOR
Newnam Funeral Home

Easton MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 21 1986



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

000		STATE REGISTRAR				CERTIF	EALTH AND MENTAL ICATE OF DEATH		REG. N	Ю.		
		ASED NAME	FIRST		MIDDLE	l	AST	2a. DA	TE OF DOATH	MONTH	DAY YEAR	26 HOUR
	(14 bF O	R PRINT)	James	Me	elvin	KE	ITH, sr.		alugy	ist 1	6 1986	23
3	. SEX		14	RACE		5. DATE C		6. AGE	(IN YEARS LAST BIR	RTHDAY)	MONTHS DAYS	IF UNDER 24
		Male		Whit	ce	Apr.			80	YRS	Jan San San San San San San San San San S	100.00
5		HPLACE (STATE O	R FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY	(? 8	NEVER MARRIED	9. BAL	TIMORE CITY O	OR COUNT	TY OF DEATH	
50		Maryland		USA		WIDOWE		_	TA	100	+	
20	0. CITY	OR TOWN OF DI	EATH 1		HOSPITAL, NURS		ROTHER INSTITUTION		UAL OCCUPAT			OF BUSINESS
10	1	EASTOI	N		Pmoel	ALHO	OSPITAL		d Grind		Texti	le Ind
51	UAL II. ST	RESIDENCE (IF NU	ISING HOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY LIMITS	S? 113e STE	EET ADDRESS	/ ZIP COI	DF	
27	Ma	aryland	Talb	ot	Easton		YES NO X	10	5 South	Wash	ington :	St. 21
14	4. FAT	HER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE		LA	6.7
(3/)()		Robert		rison	Keitl	n	Elizabe	eth	MIDDEL		Ноо	
0 1		AS DECEASED EVE	R IN U.S. ARM		16b. SOCIAL SEC	URITY NO.	17 INFORMANT		ADDR	ESS	216	01
medico	No		(IF YES, GIVE	WAR OR DATES	216-09-	-4578	Ida Keith	. 105	South W	ashin	aton St	· Eas
event, the	1	8 CAUSE OF DEA PART I. DEATH	ATH (Enter anly	y ane cause pe								IMATE INTERVA
venţ	3	PART I. DEATH		BY: CAUSE (a)	MESOTH	-E.Lion	A LEFT	PLEN	RA (L	INF)	198	
			IMMEDIATE									
a												
E		Conditions if an	and the first	,	R AS A CONSEQ	UENCE OF						
traumatic		Canditions, if on gove rise to in	mmediate	(b)_								
other troum	3		mmediate ting the	(b)_	OR AS A CONSEQ							
ar other		gove rise to in cause (a), stat underlying cau	mmediate ting the ise last.	(b) DUE TO, O	PR AS A CONSEQ	UENCE OF	NOT DELAYED TO THE T	EBAARIAI DI	ACO DO 12472	IDITION	N/FALIN DARK I	
y, ar other		gove rise to in cause (a), stat underlying cau	mmediate ting the ise last.	(b) DUE TO, O	PR AS A CONSEQ	UENCE OF	NOT RELATED TO THE T	ferminal di	sease or con	IDITION G	IVEN IN PART 1:	a
y, ar other		gove rise to in cause (a), stat underlying cause	mmediate ting the se last.	DUE TO, O	OR AS A CONSEQ	UENCE OF	NOT RELATED TO THE T		SEASE OR CON			
y, ar other		gove rise to in cause (a), stat underlying cau	mmediate ting the se last.	DUE TO, O	OR AS A CONSEQ	UENCE OF		20a	AUTOPSY?	20b. IF Y	ES, WERE FIND!	NGS USED S OF DEATH
shows ony injury, ar other		gove rise to in cause (a), statunderlying cau PART 2. OTHER SIG	mmediate ting the isse last. GNIFICANT CO	DUE TO, O (c) DINDITIONS C	ONTRIBUTING TO	UENCE OF	N WAS PERFORMED	20a YES	AUTOPSY?	20b. IF Y	ES, WERE FIND! TIFYING CAUSES YES []	NGS USED
18 shows ony injury, ar other	CERTIFICATION	gove rise to in cause (a), stat underlying cause	mmediate ting the sse last. GNIFICANT CO	DUE TO, O (c) DINDITIONS C 196 COND	ONTRIBUTING TO	DEATH BUT		20a YES	AUTOPSY?	20b. IF Y	ES, WERE FIND! TIFYING CAUSES YES []	NGS USED S OF DEATH
18 shows ony injury, ar other	CERTIFICATION	gove rise to in cause (a), statunderlying cause (a), statunderlying cause (a). PART 2. OTHER SIGNATURE OF OPER CONTRIBUTING [IF EITHER, NOTIFY ME	mmediate ting the se last. GNIFICANT CO ATION INDERLYING CAUSE OF DEATH DICKLEXAMINER)	DUE TO, O (c) DIVIDITIONS C 196 COND 216 TIME C HOUR A P	ONTRIBUTING TO	DEATH BUT	N WAS PERFORMED 21c. HOW INJURY OCC	20a YES	AUTOPSY?	20b. IF Y	ES, WERE FIND! TIFYING CAUSES YES []	NGS USED S OF DEATH
or Item 18 shows ony injury, ar other	ICAL CERTIFICATION	gove rise to in cause (a), statunderlying cause (a), statunderlying cause (a), statunderlying cause (b), and cause (a), and cause (b), and cause (b), and cause (c), and c)	mmediate ting the se last. GNIFICANT CO ATION INDERLYING CAUSE OF DEATH DICKLEXAMINER)	DUE TO, CO CC DNDITIONS CO 196 COND 216 TIME CO H HOUR A P 21e PLACE	ONTRIBUTING TO	DEATH BUT TH OPERATION DAY YEAR 19	N WAS PERFORMED	20a YES	AUTOPSY?	20b. IF YI IN CERT	ES, WERE FIND! TIFYING CAUSES YES []	NGS USED S OF DEATH
or Item 18 shows ony injury, ar other	MEDICAL CERTIFICATION	gove rise to in cause (a), statunderlying cause (a), statunderlying cause (a), statunderlying cause (b), and cause (a), and cause (b), and cause (b), and cause (c), and c)	mmediate ting the se last. GNIFICANT CO ATION INDERLYING CAUSE OF DEATH DICKLEXAMINER)	DUE TO, CO CC DNDITIONS CO 196 COND 216 TIME CO H HOUR A P 21e PLACE	ONTRIBUTING TO	DEATH BUT TH OPERATION DAY YEAR 19	21c. HOW INJURY OCC	20a YES	AUTOPSY? NO TER NATURE OF INJU	20b. IF YI IN CERT	ES, WERE FINDII TIFYING CAUSES YES TORPART 2)	NGS USED S OF DEATH: NO
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If Item 21 is morked or Item 18 shows ony injury, or other	MEDICAL CERTIFICATION	gove rise to in cause (a), studentlying cause (a), studentlying cause (a), studentlying cause (a), and a cau	MINDERLYING CAUSE OF DEATH	DUE TO, O CO DIDITIONS C 196 COND 196 COND 216 TIME C HOUR A P 21e PLACE (AT HOME ST View the bady	ONTRIBUTING TO ONTRIBUTING ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING ONTRIBUTING ONTRIBU	DEATH BUT TH OPERATION DAY YEAR 19 FARM. ETC.)	21c. HOW INJURY OCC 21f. LOCATION STREET 13 19 19 19 10 d that in (my) (our) opin DEGREE ATTENDIN	YES CURRED (EN	AUTOPSY? NO TER NATURE OF INJUING OF INJUING OF ICCURRED ON the decorated	20b. IF YI IN CERT IN CERT IN OWN	ES, WERE FINDING CAUSES YES (1) PART 1 OR PART 2) COUNTY 19 our and from the	NGS USED S OF DEATH!
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wPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other	MEDICAL CERTIFICATION	gove rise to in cause (a), statunderlying cause (a), statunderlying cause (a), statunderlying cause (a), and cause (a), and cause (a), and cause (b), and cause (c), and c)	MINDERLYING CATION CATION CATION CATION CATION CAUSE OF DEAT CAU	DUE TO, O CO DIDITIONS C 196 COND 196 COND 216 TIME C HOUR A P 21e PLACE (AT HOME ST View the bady	ONTRIBUTING TO	DEATH BUT TH OPERATION DAY YEAR 19 FARM. ETC.)	21f. LOCATION SIREET 21f. LOCATION OF THE PROPERTY OF THE PRO	20a YES CURRED (EN nian death ac N DIREC	AUTOPSY? NO TER NATURE OF INJUING CITY OR TO STANDARD TO THE DESTRUCTION OF THE DESTRUCT	20b. IF YI IN CERT IN	ES, WERE FINDING CAUSES YES () PART 1 OR PART 2) COUNTY 19 22c DATE 8	NGS USED SOF DEATH: NO
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pletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours ofter death

FOR STATE

STATE OF MARYLAND

	REGISTRAR				CERTII	ICATE OF DE	AIII	REG. N	0.		31
	CEASED NAME	FIRST		MIDDLE	1 1	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
	H	ALTY	/	J.	LA	YMAN			8-13.	-86	1A
3. SE	X		4. RACE		5. DATE (YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U		IF UNDER 24 H
Ma			White		06		03	83	YRS.		
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MA	RRIED 🗆	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	laware		U.S	.A.	WIDOWI		RCED [TAG	bot		
	ITY OR TOWN OF DE.	ATH		HOSPITAL, NURSIN		OR OTHER INSTITU	JTION	126. USUAL OCCUPAT		12b. KIND OF	BUSINESS
1	Easton		M	e morra				Machinist		Machir	ne Co.
	AL RESIDENCE (IF NUR	13b COUN		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS			7
Ma	ryland	Talb		Easton			0 🗆	300 Prospec		e 2	1601
	ATHER'S NAME		MIDDLE	TACT		15. MOTHER'S M		ME			
	Alfred	-	ookman	Lav	/man	Cor		MIDDLE		Hinks	son
	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17. INFORMANT		ADDRE	SS		3011
NO	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES}	216-03-7	470	Valerie	1. Yo	oungs 801 H	ligh St	Fastor	n MD
	18. CAUSE OF DEAT	H (Enter on	ly one couse ner			Trailer ic		Juligs Col 1	I gir oo		ATE INTERVAL
	PART I. DEATH V	VAS CAUSEI	D BY:	CAN	NIA	CARR	557			BEIWEEN OF	NSEI AND DEA
		IMMEDIAI	E CAUSE (0)							-	
			DUE TO, O	R AS A CONSEQUE	ENCE OF			ARDIOUASCULI	7		
	Conditions, if ony	, which	(d)	HRT	ERIOS	CLEROT	1C U	ardiouasculi	ak usa	ASE_	
	gove rise to im										
	underlying couse		DUE TO, O	RAS A CONSEQUE	SIT	TAISIUT	Car	DIOVASCULM	DISEAS	F	
	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT BELATED TO	THE TERA	AINAL DISEASE OR CON	DITION GIVEN	IN PART LIN	
NO	The state of the s	Λ	BOOM EN		RTI		EUR		DITIOIA OLIVEIA	WALL TO	
CERTIFICATION	190. DATE OF OPERA			ITION FOR WHICH	OPERATIO			200 AUTOPSY?	20b. IF YES, W	ERE FINDING	GS USED
F								YES TI NOT	IN CERTIFYIN		NO []
ERT	210. ACCIDENT WAS UN	DERLYING [1 21b. TIME C	F INJURY		21c HOW INJU	RY OCCUR	RED (ENTER NATURE OF INJU			140
	OR CONTRIBUTING			M. MONTH DA	AY YEAR			(citize in a source of a source			
MEDICAL	(IF EITHER, NOTIFY MED			M.	19						
AED AED	21d INJURY OCCUR		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	AT WORK NOT W	PILE D			25.7				,		
	22a I certify that	(this hospit	tal) attended th		-/	8//	19_8	2 to 8	1/2,19	86 11	(1) (we) I
	sow the deceos obove (D(we) (ed olive on) way the bady	19_	86.0	nd that in my (ou	er) opinion	death accurred on the de	te and hour on	d from the co	ouses stated
	22b. SIGNATURE	aid) (pid np	i) view the body	offer death.		DEGREE				22c. DATE S	IGNED
			115	Drawn		MAT AIT	ENDING	MEDICAL STA		8/1	3/81
	22d. PHYSICIAN'S N	AME (TYPE O	P PRINT)	17000	_	22e. ADDRESS	YSICIAN E	DIRECTOR PHYSIC	IAN [0/1	7/04
				Rami	0 -		- 11		11		
		LIAM		DREM				CHAELS	Ma		
	BURIAL, CREMATION, (SPECIFY)	REMOVAL	23b. DATE			EMETERY OR CRE		rk Easton	+	Tbot	ST M
	urial		8/16/8	36 Wo	<u>od law</u>	n Memori					
24 FL	UNERAL DIRECTOR						250 DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNATU	RE

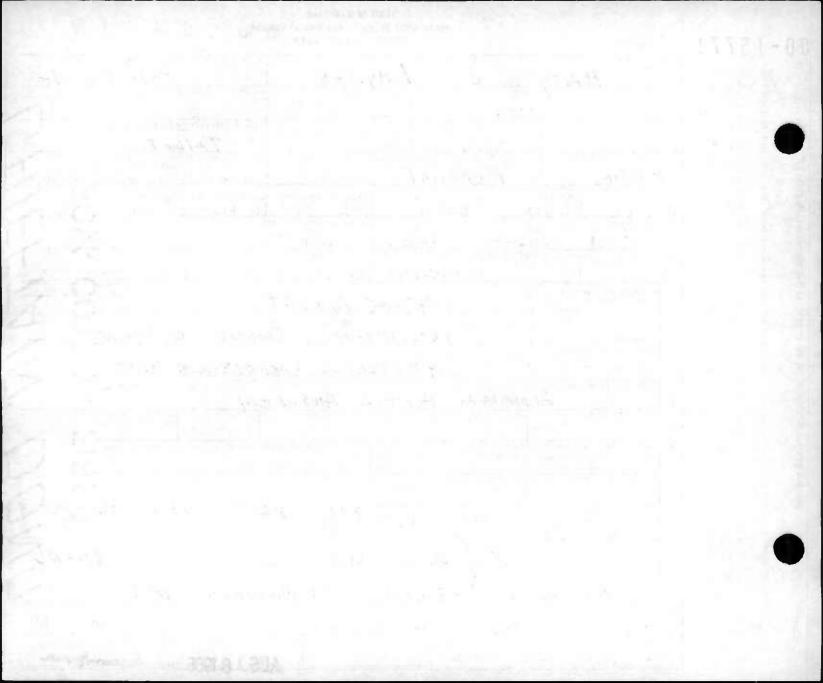
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remave corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

Newnam Funeral Home

Easton MD

AUG 1 8 1986 Julia Davidan Handares



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

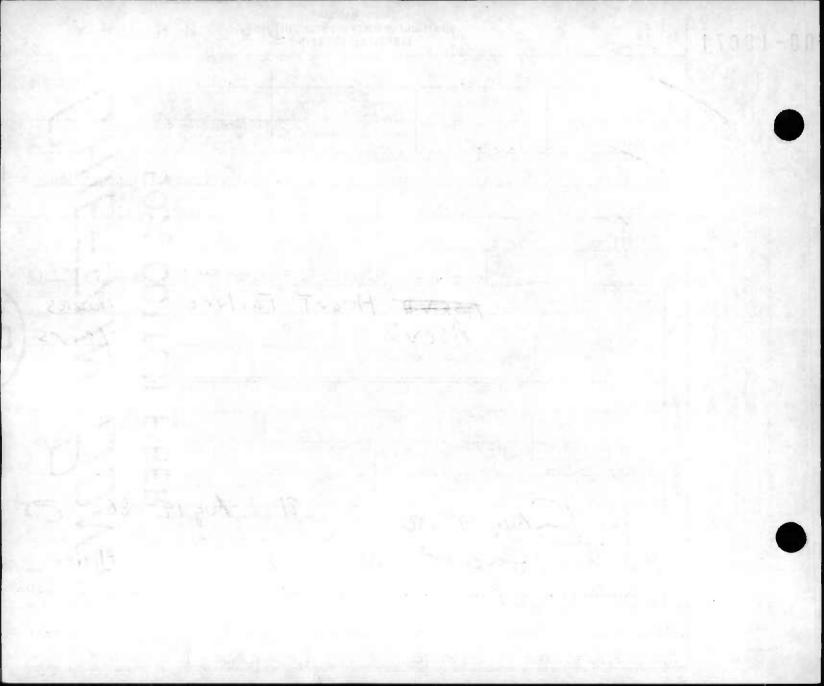
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE &

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60		113	-	

I. DECEASED NAME FIRST		CERTIFICATE OF DEATH	REG. NO.	
	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Ann	G.	Murphy	Aug. 19, 1986	12:59PM
SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	MONTH DAY YEAR 06 01 189	0 96 YRS	MONTHS DAYS HOURS MIN
TE BETHPLACE I DATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
New Jersey	U.S.A.	MARRIED NEVER MARRIED X		
ID. CITY OR TOWN OF DEATH	1	WIDOWED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUPATION	MD.
Parken	(IF NOT IN SUCH FACILITY, GIVES		TYPE OF WORK FOR MOST OF WORKING LI	FE) INDUSTRY
Easton USUAL RESIDENCE (IF NURSING HOME OF	Meridian - Th		. School Teacher	Education
13b COUI	NTY 13c CITY OR	TOWN 13d. INSIDE CITY LIMITS?		
The state of the s	bot East		IRD 4 Oaklands	21601
IA. FATHER'S NAME	MIDDLE		MIDDLE	LAST
William		rphy Bridge	t	Gately
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b SOCIAL!	SECURITY NO 17 INFORMANT	ADDRESS	
no	098-32	2-8890 Samuel L. F	reeland Box 724 E	aston MD 21601
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (t	o), and (c).)	<u>- 11</u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TE CAUSE (a)	Heavi	Failvre	HOURS
Canditians, if any, which	DUE TO, OR AS ANDING	CVD		7ears
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	CVB	rminal disease or condition giv	7 Cays
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EQUENCE OF	200 AUTOPSY? 20b. IF YE	VEN IN PART I (a S. WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 11. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WI	EQUENCE OF TO DEATH BUT NOT RELATED TO THE TEI HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT THE DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WI J 216. TIME OF INJURY HOUR A.M. MONTH	EQUENCE OF STO DEATH BUT NOT RELATED TO THE TEI HICH OPERATION WAS PERFORMED 1 DAY YEAR 19	20a AUTOPSY? 20b. IF YE IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ESNO
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GOVE rise to immediate cause (a), stating the underlying cause lost part 2. OTHER SIGNIFICANT (A) DATE OF OPERATION (I) ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (I) ETIMER, NOTIFY MEDICAL EXAMINE (II) AND ACCIDENT TO THE OPERATION (III) AND ACCIDENT	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR WI 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	EQUENCE OF TO DEATH BUT NOT RELATED TO THE TELE HICH OPERATION WAS PERFORMED TO DAY YEAR 19 211. LOCATION STREET TO DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	200. AUTOPSY? 200. IF YE IN CERTIL YES NO	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART I OR PART 2) COUNTY STATE 19 , that (I) we) last or and fram the causes stated 22c. DATE SIGNED 81986

DHMH - 16 60M 7/84 (VRA 15, 4)

to FUNERAL DIRECTOR -should be detached for use with the State Dept. of Hea



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 4 0 2

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 2b. HOUR 1. DECEASED NAME (TYPE OR PRINTS artlett 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 09 27 21 Male White 64 YRS BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED Maryland WIDOWED 176. KIND OF BUSINESS OR O. CITY OR TOWN OF DEATH INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE) Seafond USUAL RESIDENCE (IF NURS 13g STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 21671 Talbot Tilghman Street Maryland Main 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Stafford Henrietta Newnan Murphy ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. YES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) WW II 212-18-6421 June Murphy Main St Tilghman MD Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: pulmonary ARREST 20 MINITE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF RESPINATOM WITH ASPIRATION Conditions, if ony, which gave rise to immediate couse (a), stating underlying cause last. My ocandial INFANCTED CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO P NO V 71g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INTURY COUNTY STATE CITY OF LOWN (AT HOME STREET FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 22a.1 certify that (i) this haspital) attended the deceased from and that in (my) (aur) opinian death accurred on the date and have and from the causes stated saw the deceased alive on. obove (D(we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE STAFF MEDICAL ATTENDING PHYSICIAN -DIRECTOR PHYSICIAN RASTON 22e ADDRESS MARY udwig 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) Salisbury 8/15/86 Salisbury Crematory Wicomico Cremation 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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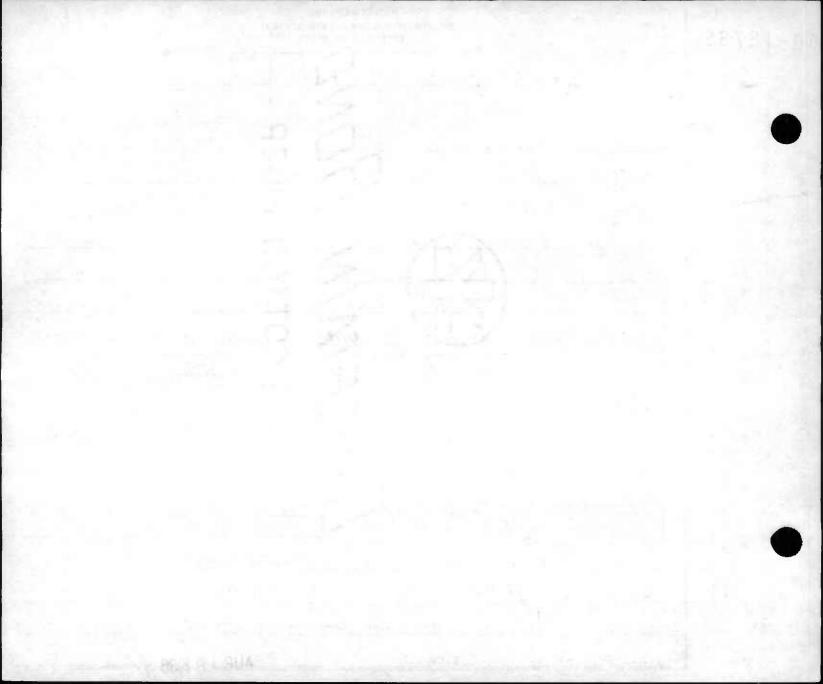
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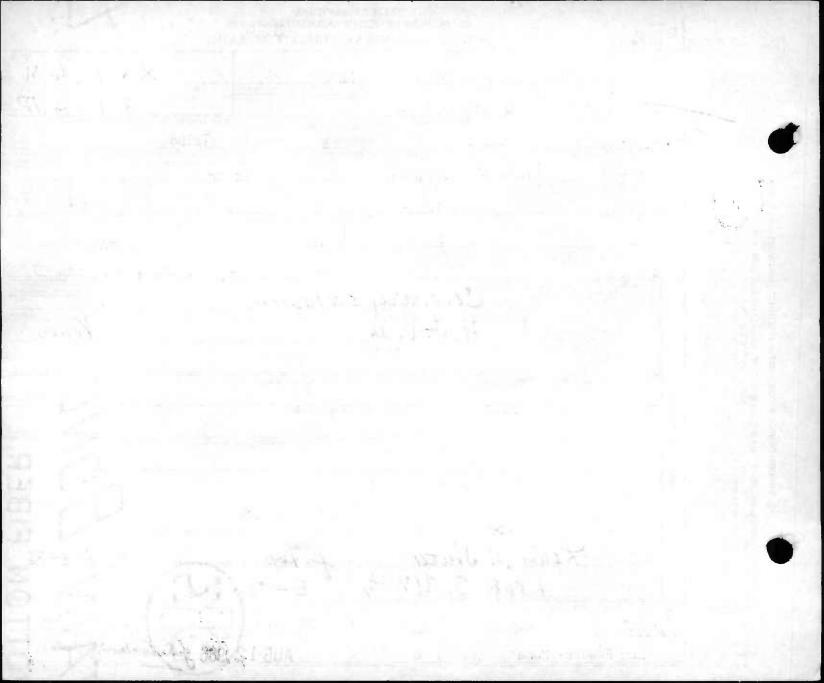
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Newnam Funeral Home

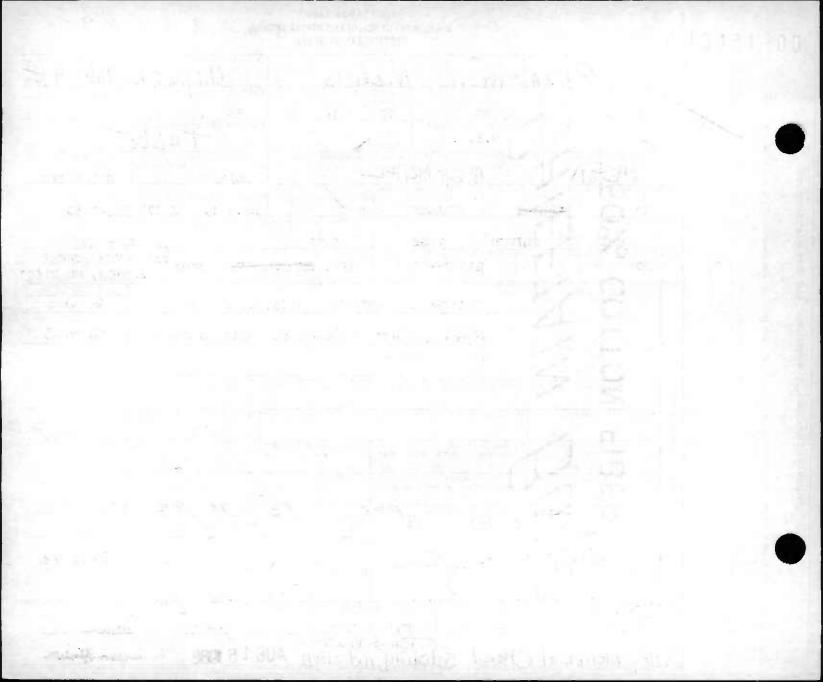
Easton Md.

AUG 1 8 1986 Julia Deviden Bondal





-15461	Fi 1-	lm G618 item FOR STATE 8/25/86 REGISTRAR		5,17,23d	DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENS 2	40	23	
4 moy be poge 3		CEASED NAME OR PRINT)	liz	Abeth RACE	P.	S. DATE C		6 AGE (IN YEARS LAST A		1986	HOUR AM INDER 24 HR5 URS MIN.
oth. Poge	2 n> ΒΙ	FEMALE RTHPLACE (STATE OR FO	ire ign		WHAT COUNTRY?	MARRIE	19 30 DI NEVER MARRIED DIVORCED DI	55 9 BALTIMORE CITY O	PR COUNTY C	OF DEATH	
24 hours ofter death. Page	100	TY OR TOWN OF DEAT	1	(IF NOT IN SUC	Memor	21 AL	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) DOMESTIC		126. KIND OF BU INDUSTRY HOUSEW	
on within	14. FA	AL RESIDENCE (IF NURSING TATE MD (THER'S NAME FIRST JAMES VAS DECEASED EVER II	TAL	BOT AIDDLE OLIVER	GIVE RESIDENCE BEFORE AT CITY OR TOW HURLOCE LAST WEBE 166. SOCIAL SECU	3	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA FIRST REBA 17. INFORMANT CHÂT I	Map	OX 207	B 21643	
	160. V	(ES NOOR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-24-22	298		LETTE NICHO	LS	OOVER STE ASTON, MI APPROXIMATE BETWEEN ONSE	21601
quires that the death certi signed by the attending F Then please remove corbon to buriol, cremotion, or ren niury, or other troumotic ev	NOI	Conditions, if ony, gove rise to imm cause (a), stoting underlying cause	which ediote the lost.	DUE TO, O (b) DUE TO, O (c)	RAS A CONSEQUE RAS A CONSEQUE ONTRIBUTING TO E	ENCE OF	CERNICAL NOT RELATED TO THE TERM	CARCIU C		13 4	RS
0 - 0 >	AL CERTIFICATION	190 DATE OF OPERATI 210. ACCIDENT WAS UNDE OR CONTRIBUTING C	RLYING	21b. TIME C HOUR A.	DF INJURY		N WAS PERFORMED	YES NO	IN CERTIFY YES		USED DEATH?
DING PL or often se os the solth ond morked o	MEDICAL	21d. INJURY OCCURRI WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (sow the decease	the tops	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET 19	CITY OR TO	AUB , 1		STATE (I) (wee) lost
HOSPITAL OR inced by the he FUNERAL DIRECTOR PROVIDED TO BE DESCRIPTION OF THE STORE DEPORTANT: If the		obove, (I) (wended) 22b. SIGNATURE 22d. PHYSICIAN'S NAI	d) (did not	PRINT		D	ATTENDING PHYSICIAN A	MEDICAL STA	FF	221 DATE SIGN	NED
BP		BURIAL BURIAL JURIAL JURIAL		23b. DATE 8-15	23c. 1	NAME OF C	EMETERY OR CREMATORY CEMETERY	23d LOCATION CITY OR TOWN PRESTO TE REC'D. BY REGISTRAI	Caroli	TACHUL	STATE MD
DHMH - 16 60M 7/84 (VRA 15, 4)	J	lley Hem	peial	Chap	el Solis	prid		UG 1 5 1986	· dia da	urdon An	della.



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1			STATE OF MARYLAND								
1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 2 4	024						
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR						
(14	PE OR PRINT) CHARL	ES E.	NICKERSONST	. 8 1	7 86 735%						
13.5	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS						
1	Male	White	June 26 1919	1	MONTHS DAYS HOURS MIN						
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	BALTIMORE CITY OR COUNTY	OF DEATH						
	Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	TALBO	T MD.						
10 7	ASTON	11 NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR E) INDUSTRY.						
1	JAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE REFO	PE ADMISSIONS	F'armer	Agriculture						
130	STATE N36. COUN	A. Isc city or too Barcla	WN 13d INSIDE CITY LIMITS?	Rt. 1 Box 57	21607						
2/04	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST						
4	Paul	W. Nicke	rson Edith		Dhue						
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS							
	N/A		-1906 Florence	M. Nickerson	(Same)						
	18 CAUSE OF DEATH (Enter or	ly ane cause per line far (a), (b), o	nd (c)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSE	5 min									
	Will Comme										
i .	Canditions, if any, which	DUE TO, OR AS A CONSEQU	ecuprent Co	RCINCHA Nec	.K						
	gave rise to immediate	10)	- De Aller	KC:/-EMAC							
	underlying cause last.	DUE TO, OR AS A CONSECU	JENCE OF								
.49	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
N O											
7 8	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		, WERE FINDINGS USED						
스 Ĕ					YING CAUSES OF DEATH?						
CERTIFICATION	210. ACCIDENT WAS UNDERLYING			IRRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)						
CAL	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR								
DIG	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION								
MED	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE						
		tal) attended the deceased from	JULY 10 8	5 10 Ava 17	10 86 that (I) (we) last						
	saw the deceased alive an	Ava 17 19	SL, and that in (my) (aur) apinia		r and fram the causes stated						
	abave, (1) (we) (did) (did no 22b. SIGNATURE	t) view the body ofter death.	DEGREE		22c. DATE SIGNED						
	220. SIGNATURE	- 11	ATTENDING	MEDICAL STAFF	M. DATE SIGNED						
	Y- 17 L	V7 trede	PHYSICIAN	DIRECTOR PHYSICIAN	8-18.86						
	22d. PHYSICIAN'S NAME (TYPE C	R PRINT)	22e ADDRESS								
	TOR HIV.	Mam FRIC	del 29 CREG	MERY Lave	Easton Ma						
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION							
	Burial	9-20-1986 T	empleville Ceme	. Templeville	Caroline Md.						
24	FUNERAL DIRECTOR		25a. D.	ATE REC'D. BY REGISTRAR 256 REGIST							
	Fellows F	uneral Home Mi	llington, Md.	NUG 25 1986 Felical	Tavida or friend with						
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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYL

FOR STATE

STATE OF MARYLAND

		REGISTRAR				CERTIF	ICATE UF	PEATH		REG. NO.					
		CEASED NAME	FIRST		WIDDLE		LAST		20. DATE OF D	DEATH M	ONTH DA	Y YEAR	2b HOL	JR OS	
	Karl				8 14 86 10										
				4. RACE 5. DATE OF			OF BIRTH	BIRTH 6 AGE (IN YEAR			ARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS				
	Mala			Cau.		MONT	-25-07	YEAR	79			NTHS DAYS	HOURS	MIN.	
1	7g. BI	Male RTHPLACE (STATEORS	OREIGN	7b. CITIZEN OF	WHAT COUN	VIRY? 8.			9 BALTIMOR	E CITY OR	COUNTY C	F DEATH	-		
/	9	COUNTRY)		U.S.A		MARRIE	D NEVER		-	1	4				
		Jermany	TH I			WIDOWI		VORCED	12a USUAL O	CCUBATIO	N	126. KIND (OF BLISTAL	MD.	
7	E	EASTON	. /	(IF NOT IN SUI	CH FACILITY, OWE	STREET ADDRESS)	11	East	Labo	OR MOST OF		industry Cons			
7	USU	AL RESIDENCE (IF NURS	ING HOME OR			BEFORE ADMISSION)	1)				-			
7		Md.	Caro		Mary	del	13d. INSIDE C	NO TX	13 STREET AL	Bo	× 94E	3 2	1649		
-		ATHER'S NAME						S MAIDEN NA	ME						
1		Frederic		MIDDLE	LAS	51	В	arbara		WIDDLE		14	\$1		
ク		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMA			ADDRES	_				
No.		no	(# 163, 011	. WAR OR DATES	212-7	6-1354M	Emma	Reyno	lds	Mary	del,	Md. 2	1649		
		18 CAUSE OF DEATI	H (Enter on	ly one couse pe	r line for (a), (b), and (c).)		/				APPRO:	ONSET AND	RVAL	
		PART I. DEATH W	AS CAUSE	Ď BY: E CAUSE (o)	Res	Diva Le	511	Face	410			23	1.6.	MILI	
			IMMEDIAI		1		11		0 /		(
		Conditions if a	12.1	DUE TO, C	RAS A CONSEQUENCE OF				Pulling Aread Venna					1	
		Conditions, if ony, gove rise to imm	(p)_		Comonic Cobstructus				ua y	11/36 (80)	1	Coce			
		couse (a), stating underlying couse		DUE TO, O	RASACON	AS A CONSEQUENCE OF				./					
				((c)											
	z	PART 2. OTHER SIGN	ONDITIONS C	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDI	TION GIVE	IN PART 1	0			
	CERTIFICATION	ASC	VD.	10-174	AM	rat fr	milla	Tau,	HF						
1	O.	19a DATE OF OPERAT	ION	196. COND	ITION FOR W	HICH OPERATIO	20a AUTOPSY? 20b. IF YES, IN CERTIFY			WERE FINDS					
(Si	E								YES 🗌	NOM	YES		NO [
1	Ü	210. ACCIDENT WAS UND		216. TIME C		. 5.14 45.45	21c. HOW IN	JURY OCCURR	RED (ENTERNATO	RE OF INJURY	IN ITEM 1812AR	T 1 OR PART 2)			
7	A	ON CONTRIBUTING CHOSE OF DEATH			A.M. MONTH DAY YEAR P.M. 19										
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21e. PLAC			OF INJURY	17	211. LOCATION								
	×	WHILE NOT WH	ILE 🗍	(AT HOME, ST	REET, FACTORY, C	OFFICE, FARM, ETC.)	STREE			CITY OR TOW!	N	COUNTY		STATE	
		AT WORK									86	1			
		270. I certify that (I) (this haspital) attended the deceased from X/4 , 19 86 , to 8/7 , 19 6 , that (I) (we saw the deceased olive an 19 86 , and that in (my) (our) opinion death occurred on the date and hour and from the causes state													
	1	obove, (1) (we) (d	obove, (I) (we) (did) (did not) view the body ofter death.												
		276 SIGNATURE	SIGNATURE DEGREE ATTENDING MEDICAL STAFF								77c DATE	SIGNED	7/		
1			am	pagn	80	1	VIX	PHYSICIAN 🙎	DIRECTOR			0	14-0	36	
-		22d PHYSICIAN'S NA	ME (TYPE O	(PRINT)	A A P 27e ADDRESS			os O	.61	7 1	0 11	n 0	nnI	2117	
		14,	AR	11461	VOLO	IND	P. C	1,150	XBBC	1	ente	16 /	Va .	clb6.	
	23a. 8	BURIAL, CREMATION,	REMOVAL	23b DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d. LOCAT						
	ľ	Burial		Aug.	16.86	Sharon	Hill C	mote	Dov	r TOWN	Ken	t F	el.	STATE	
	24 FL	JNERAL DIRECTOR			, -		С	250. DAT	E REC'D. BY RE						

DHMH - 16 60M 7/84 (VRA 15, 4)

John E. Boulais

Greensboro, Md. 21639

Dover Kent Del.

O. BY REGISTRAR 75b. REGISTRAR'S SIGNATURE

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as I was a support for more a photo and

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME IL DATE KNOWN THRE OF PRINTS MITHIN 72 HOURS MITHIN 72 HOURS MENON STREET, DEATH MATED 2110 I PYYEARS IF UNDER 24 HRS. DATE ANTHUMB STAR OF BRITHING RONOUNCED DEAD Female. White 16 21 W BIRTHPLACE **B. CITIZEN OF WHAT** BALTIMORE CITY OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Talbot WIDOWED L DIVORCED Maryland SHOULD BE FIED. 12s USUAL OCCUPATION (TIME OF WORK M. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 13% KIND OF BUSINESS IN HOT IN SUCH FACULTY, GIVE STREET ADDRESS. PBX Operator OR INDUSTRY Easton Memorial Hosp. Bd. of Education Easton INVAL RESIDENCE IS AN AUTOR OF OTHER NATIONAL ON GREATERNOON REPORT ADMISSIONS 13b. COUNTY 13L CITY OR TOWN 136. INSIDE CITY LIMITS? 13a STATE 13e. STREET ADDRESS 21601 Talbot 10 Westminster Road Md. Easton 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME 18. GIVE PAGES 1. G WITH FORM PM. MIT. PAGES 1 AND E. DIVISION OF VITH LAST Hilda Sinnott aymond Christopher McGuire Rav M4. WAS DECEASED EVER IN U.S. ARMED FORCEST ISS. SOCIAL SECURITY NO. 17. INFORMANT New Market, Md. 180A-1 EYES, HID, OR LINKHOHOWH) OF TEST, GOVE WAS ON DIAPES -219-01-6168 219-01-6168 Mr. Ray Parker 18. CAUSE OF DEATH (Enter only one cause per line to APPROXIMATE INTERVAL BETWEEN CHIEF AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, AL CREMATION, OR REMOVAL IMMEDIATE CAUSE (a) DUE TO. INSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. HER MICHIELCANT COMO CERTIFICATION 20. AUTOPSY? USED EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHEF TO FUNDRAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HIS SALTIMORE, MARYLAND, 21201 PRIOR TO BURAL. YES THE EXTERNAL CAUSE WAS TIS. TIME OF INJURY THE HOW INJURY OCCURRED LEMBER HAZURE OF POURS PRITEM TRANSPORT FOR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY TH LOCATION STREET, PACTORY, PARM, ETC.) 116061 CIEV DR 10WH COUNTY STATE WHILE AT WORK 22s. I certify that I stak khara of the remain described above, held on Autopsy Impection and in my opinion Indetermined manner death resulted from ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT) ZM. LOCATION 23a BURIAL CREMATION REMOVAL 23b DATE 23t. NAME OF CEMETERY OR CREMATORY COURTY STATE Removal 8-26-86 107784 BP 03 1986 24 FUNERAL DIRECTOR DHMH - 17 Anatomy Board Balto., Md. (VR A15 ME (5))

DHMH - 16 60M 7/84

(VRA 15, 4)

S	TATE OF MARYLAND
DEPARTMENT CEF	OF HEALTH AND MENTAL HYGIENES
CEP	TIFICALE OF DEATH

Tavidan Bondalle

- STATE REGISTRAR DECEASED NAME 2b. HOU William 3. SEX 5 DATE OF BIRTH MONTH Male White August 12, 1915 To. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED V NEVER MARRIED Maryland WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Easton Memorial Hutchison & Sons Machinist (Ret) USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COLINTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland 107 Edenton Lane Caroline YES [NO X 21629 Denton 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Grace Mae Snapp Warren William Parrish. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 17. INFORMANT (Wife) No 218.09.5041 Nannie E. Parrish Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) 8-24-86 Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK ダースサ 22a.1 certify that (1) (this hospital) attended the deceased from 8-30 sov, the decreased alive on 5 - 3 0 obove. (Vive did (did not) view the body after death. 19 86 _, and that in my (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ATTENDING 8-31-80 27d PHYSICIAN'S NAME TTYPE OF PRINT 22e ADDRESS Box 297 Easton, Md. 21601 RD3 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Elkridge 1986 Meadowridge Mem. Park Howard Maryland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Glen Burnie, Maryland

Home

poge 3 urs ofter completely filled in Ly Ille DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2,1201 риа

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

	1-	FOR STATE REGISTRAR		DEPARTA		ICATE OF DE		IÈNE 6	2 4	W do	Ö
		CEASED NAME FIRST OR PRINT; Anna		Myra		rry		20. DATE OF DEATH		9 86	10 PM
1	3. SEX	(4. RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	_	emale	Whit		80 80		06	80	YRS		HOURS MIN.
1	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	7b. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MA	ARRIED -	9 BALTIMORE CITY	OR COUN	TY OF DEATH	***
5		TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME			Talbot 12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TOF WORKING	12b. KIND C	DF BUSINESS OR
		ston		an Nursin		ter		Housewif	е		
100	13a S	7.00	ROTHER INSTITUTION NTY Albot	134. CITY OR TOW		13d INSIDE CIT	Y LIMITS?	130.STREET ADDRESS	S / ZIP CO	DE 216	25
		THER'S NAME	WIDDLE	[AST		15. MOTHER'S					
)		Walter	K	Sharp			ace	WIDOLE		Roe)T
1		AS DECEASED EVER IN U.S. AF		166. SOCIAL SECU	RITY NO.	17. INFORMAN		ADD	RESS	1100	
ı	NO	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	213-74-6	089	Jack N	V. Sho	res 704 E	. Doy	er Rd Ea	ston MD
1		18. CAUSE OF DEATH (Enter a	nly ane cause pe	er line for to ttyl on	1910	1. /	1	1 11 1	-1	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
١			TE CAUSE (o)	creby	- Par	rogh	ark	De desor	z m	up H	m
ı		DUE TO, OR AS A CONSEQUENCE OF									
ı		Conditions, if any, which (b)									
1		couse (a), stating the underlying couse last.	DUE TO, C	DR AS A CONSEQUE	CONSEQUENCE OF						
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIVINE AND DITTION GIVEN II									
	N O	PART 2. OTHER SIGNIFICANT	enditions.	100 INTRIBUTING TO I	A MAD	NOT RELATED T	FILE	Librelle	MUITION	SIVEN IN PART TO	٥
1	CERTIFICATION	190. DATE OF OPERATION	19b CONE	DITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	28e AUTOPSY?	IN CER	YES, WERE FINDIN	OF DEATH?
-	ERTI	21g. ACCIDENT WAS UNDERLYING [7 71h TIAAF (OF INJURY		Tale HOW INIII	IPV OCCUPE	RED (ENTER NATURE OF IN		YES	NO 🗌
J		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A			216.110 00 11936	JKI OCCUR	CED (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART FOR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		OF INJURY	19	211 LOCATION	1				
	ME	WHILE NOT WHILE AT WORK		TREET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR	TOWN	COUNTY	STATE
		220 I certify that (I) (this hosp	Process of the	he deceased from	8	/20	19.82	10_8	19		that (I) (we) last
	113	saw the deceased alive or above, (1) (we) (did) (did no	at) view the bad	ofter death.	0		our) apinion (death accurred on the	date and h		
		22b. SIGNATURE	mitt.	local)	F		TENDING _	MEDICAL ST	AFF	220. DATE	SIGNED
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT	0000		22e ADDRESS	TISICIAN L	J DIRECTOR PHTS	SICIAIV D	- Din	V)(2
		William H, Wo	ood, Jr	M.D.		Dutchmar	n's La	ne Easton	MD 2	1601	
		URIAL, CREMATION, REMOVAL	23b. DATE	23c M	NAME OF C	EMETERY OR CR		23d LOCATION		COUNTY	STATE
	Bur	rial	8/12/8	6 Spr	ing H	ill Ceme	etery	Easton		Talbot	MD
		NERAL DIRECTOR		ADDRESS				E REC'D. BY REGISTRA	AR 25b. REG	ISTRAR'S SIGNAT	URE
	Nev	wnam Funeral Ho	ome E	aston MD	2160	1	AU	6 1 3 1986	graner	Dev.	

DHMH - 16 60M 7/84 (VRA 15, 4)

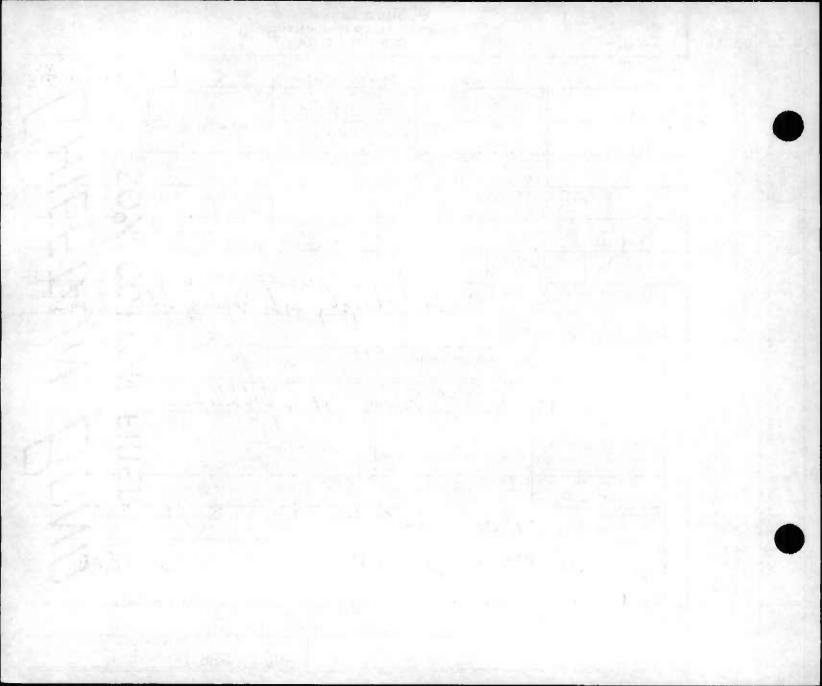
IMPORTANT: If them 21 is marked at Item 18 shaws any injury, at other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal

signed by the

certificate has been

TO FUNERAL DIRECTOR:

AL OR ATTENDING PHYSICIAN: The low the haspital or attending physician.



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1				STAT	E OF MARYLAND		1211	S 25	175
1.	FOR STATE REGISTRAR		DEPA		HEALTH AND MENTAL HY	0 0	2 4	0 2	4
	CEASED NAME H		HIDDLE	0	IASI	7± DATE OF DEA	G NO.		HOUR A
1.85	Et	LA Ch	ristina	IS DATE	DE BIRTH	6 AGE INTAKL	-	3 86	1045 A
-	male	White		08			37 YRS.	DATE BATS #	HOURS MINL
Ja III	RYMPLACE STATE OF TORES	0- IE CITIZEN OF	WHAT COUNTS	MARRIE	D NEVER MARRIED X	1 BALTIMORE CI	TY OR COUNTY	OF DEATH	
	ryland				DR OTHER INSTITUTION	17e USUAL OCCL	IPATION HOST OF WORKING LEE	17k KIND OF B	MD. BUSINESS OR
	Paston AL RESIDENCE IT WASHO!	mem	OR QI	Hosp	oc Easton	Nurse	SOLUTION TO STATE OF	Medica	1
llu !	STATE 13b	albot	East	OWN	YES X NO .	S. Washi	ess / ZIP CODE	2160	1
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16c. 5	Peter WAS DECEASED EVER IN L	.S. ARMED FORCES?	Rob	erts ECURITY NO.	Christi II. INFORMANT	na A	DDRESS.	Seidl	er MD 2161
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DUE TO, OR AS A CONTEQUENCE OF									3.
	Conditions, if any, wh gave rise to immedi-	ofe	Real	mora	my eac	ul		1	
	course to trating underlying source for		NYCE !	Das Sa	-come	un a ite	din	0 41	6
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NO	Sua	28 pon	101	06	STRUCTION	\mathcal{L}		ALL DIVERSITY OF A	
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TIFF	AGE - CONTRACT			-		YES O NO	₹ YES	488	NO []
	STE ACCIONS WAS UNDERSTO OR CONTRIBUTING COLOR	Street Construction A.		DAY YEAR	21s HOW INJURY OCCU	IRRED (ENTERNATION)	NUMBER OF THE PARTY.	AT I GRPART 21	
MEDICAL	UP ETHER HOTHY MEDICAL E		м. —	19	1.5				
VED	114 INJURY OCCURRED	TAX MEDIAN CO.	OF INJURY REEL FACTORS, OFFI	CELEARN, ETC.)	711 LOCATION	CITY	GR TISMN	cought	STATE
	WHILE OF WORK			-	A.A.	No	2	a	
	27s I certify that (I) (this	hospital) attachd th	10-8/2	2		at (I (we) out			
		did not view the body	effer deutly.	000	nd that in (my) (our) opinio	n death accurred an	the date and hour		
	276/SIGN 1744 Des	ot Do	Tuta	in	ATTENDING PHYSICIAN	MEDICAL DIRECTOR DIP	STAFF HYSICIAN [8 2	3/86
	A ALL T	MAIN	. 213.	ml	174 ADDRESS R	rute 3,	Bol 12	100	100
73c 1	BURIAL CREMATION, REN	· while	CNJ	DE NAME OF C	EMETERY OR CREMATORY	The second secon	MIR	War 1	160
	neem line.	8/26/		The Park Harry	Hill Cemeter	CITY OF TO		Talbot	MD
	UNERAL DIRECTOR	1 0/20/	00	Spr 1119	25q. E	U828 1	RAR 256 REGISTE	PAR'S SIGNATUR	E
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Easton MD

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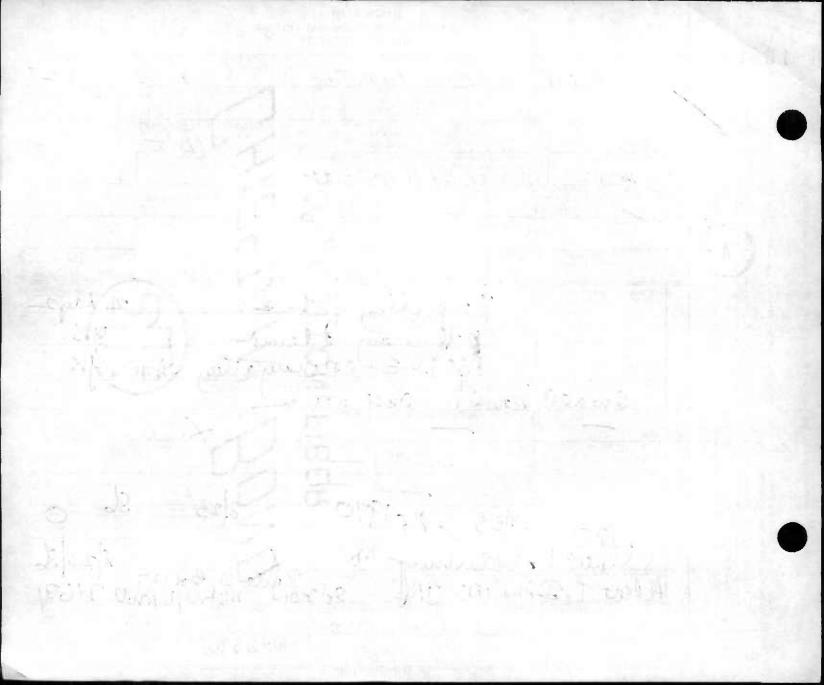
DHMH - 16 60M 7/84 (VRA 15, 4)

Newnam Funeral Home

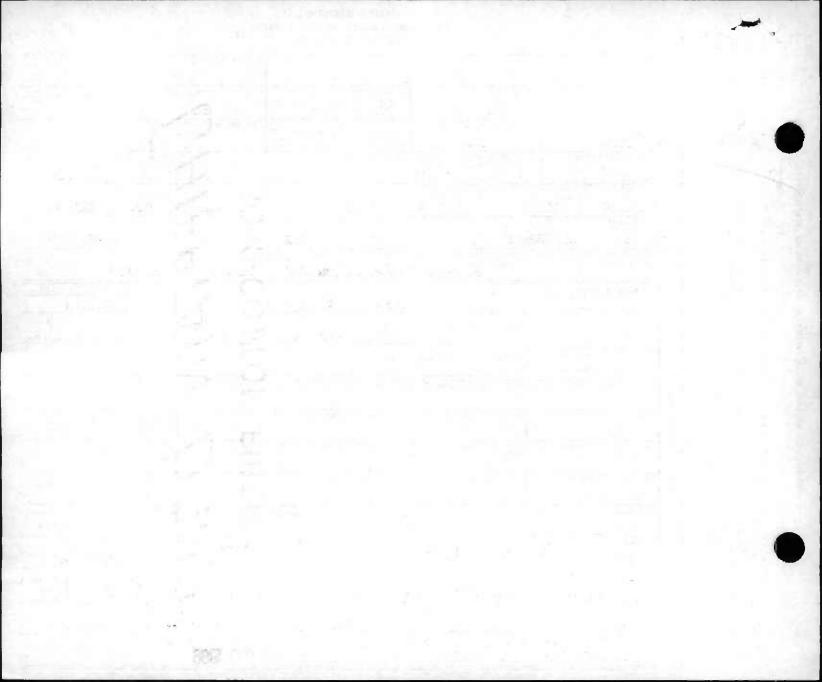
TO FUNERAL DIRECTOR.

should be detected for use as the burial-transit permit. Then please with the Store Dept. of Health and Mental Hygiene prior to burial, or

OR ATTENDING PHYSICIAN: The



	1					OF MARYLAND				
10-16030	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	GIENE 6 2	40	3	0
		CEASED NAME FIRST			MONTH DAY	YEAR	26 HOUR 13			
noy be poge 3	(TYPE	ORPRINT) Hele	n		8-16	- 86	5 PM			
mo)	3. SE:	(4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS.
0 00		FEMALE	WHITE		MAS	9, DAY 898 YEAR	88	YRS.	HS DAYS	HOURS MIN.
1 / 1 / 9		RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	F WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
● 對 翻 點 下	_	IEW YORK		USA	WIDOWE			albot		MD.
IN THE STATE OF TH	10 CI	TY OR TOWN OF DEATH	II. NAME OF	F HOSPITAL, NURSII UCH FACILITY, GIVE STREET	NG HOME C	R OTHER INSTITUTION	12a. USUAL OCCUPATION	F WORKING LIFE)	2b. KIND OF NDUSTRY	BUSINESS OR
2 1 10	List	CASTON AL RESIDENCE (IF NURSING HOM	1	nortal H	0501 to	ava Zaston Me		SEWIFE	AT	HOME
AND n 24 m	13a. S	IARYLAND 13b C	LBOT	13c. CITY OR TOV EASTON	VN I	13d. INSIDE CITY LIMITS?	528 S.AURO	ZIP CODE DRA ST.	#2	1601
within within B 2 s		THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST	
W. Per	-		VERMAN	Thu seems		ANNA			FINES	TEIN
icote be executed within 24 hysicion and completely fille papers. Pages 1 and 2 should loval.	N	VAS DECEASED EVER IN U.S. LES NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	214-34-	7396	P.OBOX 2103	EASTON, MI	_		
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AL RECOMPLE ION reson. The low reson. The permit. The permit. The permit.	CERTIFICATION	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the oftending physicion. Witer this certificote has been signed be of the buriol-stronsit permit. Then pleas the ond Mental Hygiene prior to buriol, orked or them 18 showmany injury, or or		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
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(VRA 15, 4)	6	Olo REISTERST	OWN RD.	BALTO.,	M D	21215 AU	6201986	Lieum	dser-R	N. C. W. D. C.



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١٠٠	£ 3			CEASED NAME FIRST	Tie Al	MIDDLE KA BETTY	18	ast allare	36 DATE OF DEAT	P/IS	10/	HOUR
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E S	900	11		RTHPLACE (STATE OF FOREIGN		OF WHAT COU	NTRY2 8		9 BALTIMORE CI	TY OR COUNTY OF	DEATH	
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10	1	18	10. CI	Easton		OF HOSPITAL, N SUCH FACILITY, GIVE		Spital	12a USUAL OCCU (TYPE OF WORK FOR M Housewil	OST OF WORKING LIFE)	126, KIND OF E INDUSTRY	BUSINESS OR
AND 2113	And but	35	13a. S	AL RESIDENCE (IF NURSING HON TATE Aryland Ca	AE OR OTHER INSTITU OUNTY roline	136. CITY OF FEDERAL	e BEFORE ADMISSION) R TOWN alsburg	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRI Federal	ESS / ZIP CODE Manor Ap	Est fro	32
RYL.	127	11	14. FA	THER'S NAME	WIDDLE	LA	51	15 MOTHER'S MAIDEN N	IAME	MNK	LAST	
MA ba	14	120	/	Frank		Roger		Mary	Jane	Keise	er	
ORE	25	10	ling V	VAS DECEASED EVER IN U.S	. ARMED FORCE S. GIVE WAR OR DATE	()	L SECURITY NO.	17 INFORMANT		DDRESS		
TIM.	0.0	1		NO		214-30	A8004	Wayne Smedl	ey, 5916 Wm	n. burg Rd.		
BAI	physic n popul moval	ut.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse USED BY:	per line for (a)	in ondicif	M	1. 1	Man of		SET AND DEATH
I ST.	ng p bong	ceve			DIATE CAUSE to		Jane	1 14 6 and	my 1	The	19	w
oth oth	e cor	mout		Conditions if any hid	,), OR AS A CON	SEQUENCE OF			/	740-119	
PRESTON he deoth of	the offer remove	r trou		Conditions, if any, which gove rise to immediate cause (a), stating the	e)		05045465.05					
201 W.	by the	othe		underlying couse lost	1 000 10), OR AS A CON	ISEQUENCE OF			100		
	aned n ple burio	ry, or		PART 2 OTHER SIGNIFICA	NT CONDITION	S CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIVEN	IN PART 110	
ORDS	en sig Then or to b	ini	ON									
DIVISION OF VITAL RECORDS,	hos ber t permit	3	CERTIFICATION	190 DATE OF OPERATION	19b CC	NDITION FOR V	WHICH OPERATIC	N WAS PERFORMED	206 AUTOPSY?	IN CERTIFYIN	VERE FINDING NG CAUSES O	
Z Z	hysicia icote h ronsit Hygie	18.5	CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	110115	AE OF INJURY	H DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE O	FINJURY IN ITEM 18 PART	OR PART 2)	
SICIA	certification of plants	He H	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAL	MINER)	P.M.	19					
SIOP PHY	this re bu	do	WED	21d INJURY OCCURRED WHILE NOT WHILE		CE OF INJURY	OFFICE FARM, ETC.)	211 LOCATION	CITY	OR TOWN	COUNTY	STATE
NO Z	After of the	orked		AT WORK		/		10/10- 1	6 8	15	1	
ENDI	OR: OR: OF HEO	l is m	5	22a I certify that (I) (this I saw the deceased aliv	V	d the deceosed	1//	nd that in (our) opinio	n death accurred on t	he date and hour or		of (we) lost
ATTA	RECTOR ned for u	em 2		obove, (I) (we) (did) (di 225, SIGNATURE	d not) view the b	ody ofter death.		DEGREE		ne dote one noor of	226 DATE SI	,
l Og	9 000	# #			lan	~	7	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	0/10	1166
HOSPITAL	FUNERAL uid be det	Z /		22d. PHYSICIAN'S NAME (1	PE OR PRINT)		1	22e. ADDRESS	DIRECTOR	TSICIAN [0/19	
HOS		~		THOM AST	AUNT	LER	OX	EASTO	DN [///	=morly	LA	OSP.
9	sho sho	3		SURIAL, CREMATION, REMO	VAL 23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	BP			Cremation	0 4	8-86	Delma	rva	Lewes	SILCEAN	T D	elaware
DH	IMH - 16 60A	1 7/84	24 F	MERAL DIRECTOR	10	/ AN	house AA	11/ 1/89 8	NE PECP. BUST	RAP 24 REGISTRA	essin au	PAR
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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	1-	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYGIENES 2 4 0 3 2 RTIFICATE OF DEATH REG. NO.						
	THE	EASED NAME FIRST	C LEI	E 5	mith	2a DATE OF DEATH	MONTH DAY YEAR 26 HOURS 34 86 104 M THIDAY) FUNDER 1 YEAR FUNDER 24 HIS.				
	3,56)		4. RACE	MONT		6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.				
21	1000	male RTHPLACE (STATE OR FOREIGN	White	04	10 05	8 BALTIMORE CITY	L YRS. DR COUNTY OF DEATH				
9	_ 0	OUNTRY	76. CITIZEN OF WHA	MARRIE	D NEVER MARRIED	TA /	20T				
4	le in cr	nnessee	U.S.A.	WIDOW	ED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPAT	ION 12b, KIND OF BUSINESS OR				
8	E	aston	MEM	OF IQL	Hospital	(TYPE OF WORK FOR MOST OF Aide					
5	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 132. CITY OR TOWN 133. INSIDE CITY LIMITS? 130. STREET ADDRESS / ZIP CODE										
2	DIE FA	Granville	P. Lo	udermilk	Nannie	WE	Watts				
1		VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS Columbia Tenn				
	no			14-20-5838 Howard Loudermilk 106 Cayce Valley Dr							
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	(b) DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF	T NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 1:0				
7	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION	N FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEV					
7	1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA					COF INJURY IN ITEM IB PART I OR PART 2)				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN	NJURY ACTORY, OFFICE FARM, ETC }	211 LOCATION STREET	CITY OR TOWN COUNTY S					
		22a certify that (1) (this haspital) attended the deceased from									
,		22b. SIGNATURE	Car	nglip	DEGREE ATTENDING PHYSICIAN	FF SIGNED					
/		Stephen Carn	/		Easton, Md	21601					
	23a. 8	BURIAL, CREMATION, REMOVAL SPECIFY) Jrial	23b. DATE 8/27/86		CEMETERY OR CREMATORY Hill Cemetery	23d. LOCATION CITY OF TOWN Easton	Talbot MD STATE				
	DI	ar i d i	10/2//00	13pr ing	TITT Genie celly		ומושטטטווון				

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

Newnam Funeral Home Easton, Md. 21601

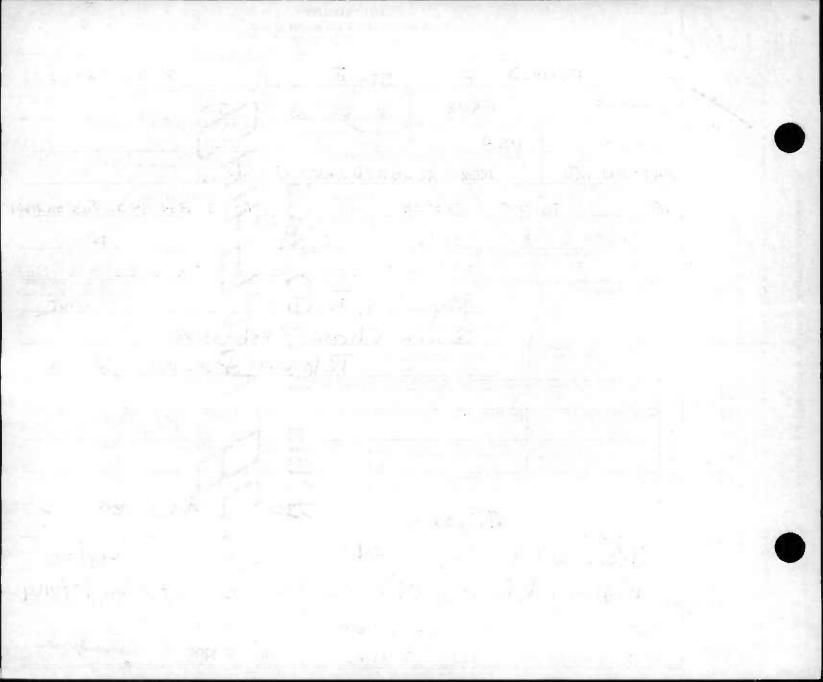
25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 201 W.

1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH REG. NO.

8 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	E P	PON	DALD	F	STA	113		ZE. DATE OF DEATH	४ ०२	86	4:30	Ам
	3.58	MALE	4 RACE	NUC.	5. DATE OF	BIRTH 29	YEAR	AGE (IN YEARS LAST BIRTH	MON YRS	NDER I YEAR	IF UNDER 2	MIN.
S S S S S S S S S S S S S S S S S S S		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland TY OR TOWN OF DEATH		OSPITAL, NURSIN	WIDOWED G HOME OR		RCED	Talbot 120 USUAL OCCUPATION)N	126. KIND O	F BUSINES	MD.
	-	RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION G		HOSP.		DNI	dachinist		INDUSTRY		
thin 24	-	TO TO	2100t	Sasto	n	. MOTHER'S M	AIDEN NAMI		0X 64	o Ea	570n	2160
S complete		Ludwig VAS DECEASED EVER IN U.S. A		Staib 66 SOCIAL SECU	RITY NO. I	Dor I. INFORMANT	othy	ADDRES	55	Fab	er	
e be es	1	Np		212-01-3		Anna L	. Stai	b Rt 1 Box	640 Ea		MD S	2160
ing physical benade remevo c events		PART I. DEATH WAS CAUS IMMEDIA	ATE CAUSE (a)	Kespire	atoru	(Rail	we				CW	NEATH.
by the attends to the death of the attended to the attended of		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	AS A CONSEQUE	e (Fulc	c Ob	structure Disec	is-e	Ye	avs	
been signed mit. Then ple prior to busin any injury, or	IFICATION	PART 2 OTHER SIGNIFICANT		NTRIBUTING TO D				200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED	
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afferding affer this ca on the burn th and Mer	MEDIC	21d INJURY OCCURRED	21e. PLACE O		2	If LOCATION STREET		CITY OR TOW	/N	COUNTY	ST	ATE
OR ATTENDIO or hospital or DIRECTOR: A sched for use Dept of Healt f frem 21 is mo		22a. I certify that (I) (this has sayw the deceased arm a above. (I) and (did not have a say of the	pitol) offendy	Crosed from	o, and	PREE.	or) opinion de	eath accurred on the date				
O HOSPITAL atomed by th TO FUNERAL thould be deter with the State		Pareco	Theo	les l	MD	20 ADDRESS	ddm	ion's Lane		en, 1	10/2	160(
BP		burial, cremation, remova specify) Burial	236. DATE 8/5/86			Memoria	1	23d. LOCATION CITY OF TOWN Easton		bot	M	D_
DHMH - 16 60M 7784 (VRA 15, 4)	24 Ft	Newnam Funeral	Home	Easton M	ID 216	01	250. DATE	REC'D. BY REGISTRAR 2	Sh. REGISTRAL	A CONTRACTOR	fandal	e .



STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENES								
CERTIFICATE OF DEATH								

24034

		FOR	Der .		E OF MARYLAND	9	1 0 3	4
14	8 -	STATE REGISTRAR	DEF		EALTH AND MENTAL HYS	REG. NO.		
		CEASED NAME FIRST	WIDDLE	- 1	AST		ONTH DAY YEAR	2b. H
	(TYPE	Car	olyn Todd			8/	24/86	6:
1	1. SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHD		
杯		EMALE	WHITE	March		7.8	YRS.	13 HO
21		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	JTRY? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH	
12		ryland	U.S.A.	WIDOWE		Talbo		
2/	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		120 USUAL OCCUPATION		
\leq		Easton	Meridian -	The PI	nes	EDUCATOR	EDI	UCA!
35	130 5	TATE NI CO	chester Camb	ridge	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS / Z		16
31	47	THER'S NAME			15 MOTHER'S MAIDEN NA		in St.	01
11	ch	arles	Wingate	5	Cornelia	WIDDIE	N/A	LAST
n		VAS DECEASED EVER IN U.S.	Accessor Anna Const	SECURITY NO.	17 INFORMANT	ADDRESS	Wilming	tor
-	n		214-3	34-7263	Mr. Philli	p Wingate,	ı ^W ilming	La
Ţ.		18 CAUSE OF DEATH (Ente	only one couse per line for (o), (b), and (c).)			APPR BETWE	ROXIMATE EN ONSET
		PART I. DEATH WAS CAL	DIATE CAUSE (0) OLGE	ewie T	iani deses	the	Zy	ra
roumatic	. "		DUE TO, OR AS A CONS	SEQUENCE OF			0	
2		Conditions, if any, which						
in a		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
		underlying couse last.	(0)					
200	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART	110
1	CERTIFICATION	No. DATE OF OPERATION	11% CONDITION FORW	HICH OPERATIO	N WAS PERFORMED	The AUTOPSY? IN	BB. IF YES, WERE FIN	DINGS
17	IFIC			Control de Mariada	Management 1	VES D NOD	N CERTIFYING CAUS YES [7]	
1	CERI	ZIa. ACCIDENT WAS UNDERLYING	The same of the sa	era sera	TIL HOW INJURY OCCUR	RED INVESTMENT OF PAULT IN	Thomas .	
7	CAL	OF CONTRIBUTING C CAUSE OF	Manual Indiana Parket Control	DAY YEAR				
6	MEDICAL	214 INJURY OCCURRED	21s. PLACE OF INJURY LATHOME, SPREEL FACTORS, G	MINT TARM TITLE	THE LOCATION	CITY GW TOWN	COUNTY	
	2	WHEE OF NOT WHILE OF	And the state of t	1 1	- 1	-1 -1-		
		22s.1 certify that (1) (this ha	expital) attended the deceased to	rom_7/14	8619	10 8 25 8	G 19	_ that
	M	sow the deceased alive above, (I) (we) (did) (did	not view the body ofter death.	.190	d that in my jour opinion	death occurred on the date	and hour and from t	he cous
		22b. SIGNATURE	L. C	,	DEGREE ATTENDING	MEDICAL STAFF	TIC DA	1 SIGN
1		X	W. Vain	- 1	PHYSICIAN [DIRECTOR PHYSICIAL	10 8	00
1	100	22d PHYSICIAN'S NAME ITY	1 6 /	17	177e ADDRESS	101. 02 -	Cantal	n
	_	CHLLMIIK	W.BHIN, M.		17 10. PW	we so.	could,	1'
		URIAL, CREMATION, REMOV		730 NAME OF C	EMETERY OR CREMATORY Burial Gro	23d. LOCATION	COUNTY	
		INERAL DIRECTOR			25- 043	Wingat TE REC'D. BY REGISTRAR 256	e.Dorche	ste
B4		NAME		RES 308 Hi	qn St.		Lie Davidson	Gan
	Cl	JRRAN FUNER	AL HOME Ca	mbridge	, Ma. JE	P 2 1986	Court of the a	

22 mile

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

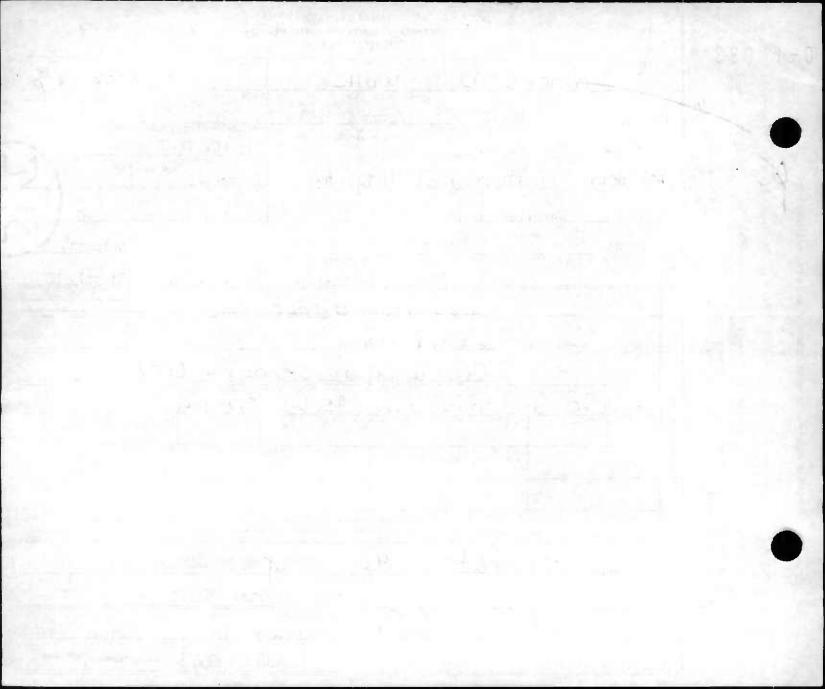
IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, th

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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500	1	2 8	-6	5
-1	G.A	1.3	03	The Park
diam.	6	Û	A.P.	17
Gr. 740				

	1-	FOR STATE REGISTRAR			OF HEALTH AND RTIFICATE OF	MENTAL HYGIEN DEATH	6 2 REG. N	4 U	3 3	.6	
		CEASED NAME FIRST	7	MIDDLE	LAST	20	DATE OF DEATH	MONTH D	AY YEAR 26	HOUR	
1	11 vine	Fran	rces	D. 1	walls	1.		8-5	1-86 1	3 CROW	
	1,554		4. RACE	5. D	ATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BE			UNDER 24 HRS. OURS MIN.	
		EMALE	WHITE		arch 6	910	7.6	YRS		JON'S MIN.	
4	Tit: BIR	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY? 8	ARRIED X NEVER	MARRIED -	BALTIMORE CITY	<u>>R</u> COUNTY	OF DEATH		
4	-	aryland	U.S.A			ONORCED	USUAL OCCUPAT	1011	1	MD.	
	5	TY OR TOWN OF DEATH		HOSPITAL, NURSING HO HEACHLITY, GIVE STREET ADDRE		4 (T	type of work for most Housewife		126 KIND OF B	USINESS OR	
1	13a. S	L RESIDENCE (IF NURSING HOM TATE N36 CC	E OR OTHER INSTITUTION DUNTY	130. CITY OR TOWN	13d INSIDE	CITY LIMITS?	e.STREET ADDRESS	/ ZIP CODE			
2			aroline	Ridgely	YES X		07 Caroli	ie Ave	21660		
-	MA)FA	THER'S NAME	WIDDLE	LAST		S MAIDEN NAME	MIDDLE		LAST		
(1	Frank		Baynard		atie	ADDR	Ecc	<u>Colema</u> ı	n	
	IY	AS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECURITY					D. 1 . 1.		
		00		214-32-024	o Natha	n w. wall	ls P. O. I	30X /45			
Ì		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	r only one couse per USED BY:	1/	2010	react			BETWEEN ONS	ET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF									
		Conditions, if any, which									
		Conditions, if ony, which gove rise to immediate couse (a), stating the DUETO, ORAS A CONSEQUENCE OF									
		underlying couse lost.		Selvere	Dulan	ulong Stenosis + UTI					
		PART 2. OTHER SIGNIFICAN	NT CONDITIONS CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							
-	CERTIFICATION	Acute +Ch	ronic A	nhal Wi	cer As	SCVD !	member				
ŕ	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION WAS PERF	ORMED)	20a AUTOPSY?		WERE FINDINGS		
	RTIE						YES NO	YES		NO 🗌	
P		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF				NJURY OCCURRED	(ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	INER) P.		19	ICM					
	MED	21d INJURY OCCURRED		PLACE OF INJURY HOME STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET			CITY OR T	NWC	COUNTY	STATE	
		220.1 certify that (1) (this hospital) attended the deceased from								ot (I) (we) lost	
		saw the deceosed alive on obove, (I)—wended (did not) view the body after death.									
		226. SIGNATURE	not view the body	DEGREE					22c. DATE SIC	SNED	
		W7	trise	1/ Cells MID ATTENDING A MEDICAL STAF							
		226. PHYSICIAN'S NAME (TY	PE OR PRINT)								
		Anne We	bb M D		East	on, Maryl	and 216	01			
		URIAL, CREMATION, REMOV	AL 23b. DATE		OF CEMETERY OF	CREMATORY	23d LOCATION		COUNTY	STATE	
	Bu	urial	8/8/8	6 Uppe	r Bambury	Cemeter	V Trapp		Talbot	MD	
		INERAL DIRECTOR		ADDRESS		25a. DATE RI		25b. REGISTR	WILL TO	rdelle	
	N ₄	ewnam Funeral	Home	Faston MD		I AUI	3111986	Drawn 100	on Sistems and Sales		



216 M. main St. Federalde

(VRA 15, 4)

interior, de la company de la

Easton MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Newnam Funeral Home

DHMH - 17

(VR A15 ME (5))

13171-00 AMERICALE BEEFER 9 Brown J. V. C. Delle til det to the trace time diene land may the little of the